### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

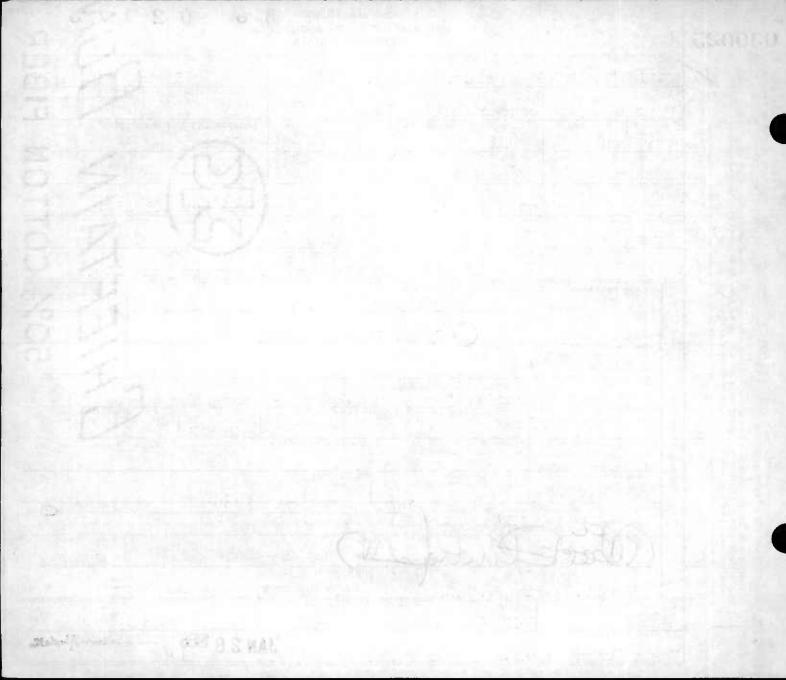
and completely filled in by the funeral director, page 3 togs 1 and 2 should be filed within 72 hours after death rs after TO FUNCEAL DRECTOR. After this continued has been signed by the attending physician and can hould be detached for use as the burial-tramit permit. Then please remove carbon papers. Pages with the State Dept. at Mealth and Mental Hygiene prior to burial, cremation, or removal. TENDING PHYSICIAN: The low

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21,267

Mest begoiffed the we amy injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR. MPORTANT: II he DHMH - 16 60M 7/B4 (VRA 15, 4)

1		REGISTRAR					CENTINIA	AIL OI	, LA. 111		REG.	NO.				
1		EASED NAME	M		LAST 20 DATE OF DEATH MONTH			d DAY	DAY YEAR 2b. HOUR							
	WIT	LIAM LEST	ER BA	YNARD a.	k.a.	LIST	ER W.	<b>EAYN</b>	ARD			1	24	86	1:3	37AM
	3. SEX			4. RACE			. DATE OF	BIRTH	Wr. 4 D	6 AGE (II	YEARS LAST	BIRTHDAY)	IF UN	HS DAYS	HOURS	R 24 HRS
		male		caucas	ian		12	15	13	72		1	rs.			
0		THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	NTRY? 8	AAA DDIED	T NEVER	MARRIED -	9 BALTIN	ORE CITY	OR CO	UNTY OF	DEATH		
5		arvland		USA			WIDOWED		NORCED	Tal	bot					M
	10. CI	TY OR TOWN OF DEA	TH	11. NAME OF H				OTHER INS	TITUTION		L OCCUPA			2b. KIND C	OF BUSIN	IESS O
X	Ea	aston		Memor						Tru	ck d	riv	er			
-	USUA 13a. S	L RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE			3d. INSIDE (	CITY LIMITS?	13e.STREE	ADDRES	S / ZIP	CODE			
5		ryland	Tall	oot	Eas			YES 🗌	NO 💢	Rt.	3 Bo	x 8	01/2	1601	-	
	14. FA	THER'S NAME		MIDDLE	LAS	ST	1	5. MOTHER	S MAIDEN NA	ME	MIDDLE	ž.		LA		
E	F:	rank			Bayna:			Kat					Co	1ema	an	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL			7 INFORM				DRESS		1700		
		NO	(# 123 011	e mak ok pareo,	218-	10-8	3053	Flor	ence 1	1. Ba	ynar	'd	see			
		18 CAUSE OF DEAT	H (Enter on	ly one couse per										BETWEEN	ONSET AN	D DEATH
		PART I. DEATH W		E CAUSE (0)	Res	pira	atory	g fai	lure					41		
				DUE TO, OI	RASACON	ISEOUEN	CE OF _									
		Conditions, if ony,		( (b)	(R)	lowe	er lo	be p	neumor	nia						
		gave rise to imm cause (a), statin	g the	DUE TO, OI	R AS A CON	ISEQUEN	ICE OF									
		underlying couse		( (c)												
	7	PART 2. OTHER SIGN													a	
_	ō	Small bowel obstruction 2° to intra abdominal metastases from ad								IF YES, W	ERE FIND	NGS USI	FD			
7	CERTIFICATION	carcinoma of colon				WAS PERF	IN CERTIFYING CAUSES OF DEATH?									
5	E	TIE ACCIDENT WAS USE	DERLYHEAD T	1 715 TIME O	E MILIEY	-		TIL HOW INJURY OCCURRED (SMITTE HATTING OF HALLING FRANT LOFF ART								
2	100000	ов сонтевштню 🔲	CAUSE OF DE	HOUR A	M. MONT	H- DAY	2.5.3.1									
/	MEDICAL	21d INJURY OCCUR	-	Tie PLACE	OF INJURY		19	717 LOCAT	ION							STATE
-	ME	HTML HOLW			HET PACTORY	OFFEE FAR	M. EC.	5,000	11		Cità O	a lower		CDINELL		Sinis
		27s I certify that (i)		(a) amended th	e deceased	trom	0/10		19 70	. 10	1/24		19.	86	that (I)	(G)
		sque the decaps				19/ 8	36 000	that in (my	(our) apinion	death occu	rred on the	e date ar	nd hour an	d from the	counts s	stated
	1	226 SIGPLANDINE	did inidat	VIEW To body	after de6th.	)	10	FOREE				60.0		27k DATE	SIGNE	5
	1	( Ilba	01	-01	Late	1	-/ \	4)	PHYSICIAN ]	MEDICA	OR PHY	SICIAN		1	/24/	86
	1	274 PHYSICIAN'S N	AME CIME	SEPRESHIELD .	0.00	T	din.	27er ADDRE								
		Albert T	. Day	kins Jr	. M.D.	V		Rt.3	Box 12	27. Ea	ston	. Md	. 216	01		
	73a. 8	BURIAL, CREMATION.		Children and the Control of the Cont			AME OF CE		CREMATORY	736.1C	CATION		1/69	DUNETY		NTATE
	B	urial		1-27-8	6	Woo	odlaw	Memo	rial	1 20	ston		Talbo	ot:	M	
4	26 F	UNERAL DIRECTOR				iber SS	THE REAL PROPERTY.			TE REC'D. B	PEGIG	8625b. F	REGISTRA	SSIGNA	TURP.	Make
7	Ne	wnam Funer	cal H	ome, P.A			on, Md			JAN Z	0	10				



FOR

### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.				
5	1. DECEASED NAME FIRST	RLOHE T.		Blades	20. DAY OF DEATH	RY .	15 1988	26 HOUR A		
	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
3	/female	caucasian	MONTH 11	14 13	72	YRS.	MONTHS	MOURS MIN.		
1	TE BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH			
Z	Maryland	USA	WIDOWE		TA	Iho	+	MD.		
7	ALCITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C	PROTHER INSTITUTION	12a USUAL OCCUPATE			F BUSINESS OR		
ſ.	EASTON	(IF NO MUCH FACILITY, GIVE STRE	A ADDRESS)	perital	(TYPE OF WORK FOR MOST O Housewi		FE) INDUSTRY			
7	USUAL RESIDENCE TO THE RISING HOME OF THE STATE THE MARYLAND QUE	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO enAnne Queen		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / Alt.Rt.4	ZIP CODE				
2	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		145	т		
	William	W. Townsen	d	Helen	В.		Price			
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	Rt.3	Box 1	67		
-	NO NO OR DINKNOWN]	215-10	-3993	Lee T. Bla	des.Sr.	Dent	on, Md.			
	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (		WTHS							
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING							WERE FINDINGS USED		
1	ĬĘ				YES ON NOT		ERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)			
	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTHEY MEDICAL EXAMINE)  WHILE NOTWHILE NOTHING THIS hosp  THE CONTRIBUTION CONTRIBUTION OF THE STORY AND THE STORY	ATH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  Division the body ofter dyath.  Bankfield, M.D.	E FARM ETC 1	ATTENDING PHYSICIAN DIPLOMENTAL PROPERTY OF THE PROPERTY OF TH	CITY OR TO	ote and hou	COUNTY	STATE  St		
	23a. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
	Burial 24 FUNERAL DIRECTOR	1-18-86 D	enton	Cemetery	Denton REC'D. BY REGISTRAR		oline	Md.		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove corbangabe with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

IMPORTANT: If Item 21 is morked or Item 18 slies

PHYSICIAN: The low

TO HOSPITAL

BP

injury, or other froumotic event,

Newnam Funeral Home

Easton,

21 601 AN 21 1986 July Builden Pender

ENSON OF THE PARTY M.W. W. The state of the s and the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YOR THE 023094 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ECEASED NAME 2a. DATE KNOWN TYPE OR PRINT) **JAMES** OF BENJAMIN BRIGHT JR. DEATH MATED 4 RACE 3 SEX 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD male caucasian 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! Maryland CITY OR TOWN OF DEATH DIVORCED Talbot 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Wildlife Technician Easton Easton 30 STATE DE CITY OF TOWN 13b. COUNTY 3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Talbot. Maryland Box 120, Easton Md. 21601 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Alexander Benjamin Eugenia GIVE PAGE //TH FOR PAGES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? E CHIEF MEDICAL EXAMINER ALONG WITH FOR BE USED AS A BURIAL. TRANSIT PERMIT PAGES NFOF HEALTH AND MENTAL HYGIENE, DIVISION BURIAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per I BETWEEN CHIEF AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?

210 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEAT HOUR A.M. MONTH DAY

AT WORK AT WHILE 22a I certify that of the remains described above, held an

Shdetermined manner

ACTUAL SIGNATURE MEDICAL EXAMINER

Lane Wroth, M.D. EXAMINER'S NAME TYPE OR PRINT

> 23d. LOCATION Stevensville Cemetery Stevensville O.

**DHMH - 17** (VR A15 ME (5) 20M 4/82

EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENTA BATTIMORE, MARYLAND, 21201 PRIOR TO BU

0

Buria1 1-18-86 24 FUNERAL DIRECTOR

23g BURIAL, CREMATION, REMOVAL 23b DATE

Newnam Funeral Home

21d. INJURY OCCURRED

death resulted.

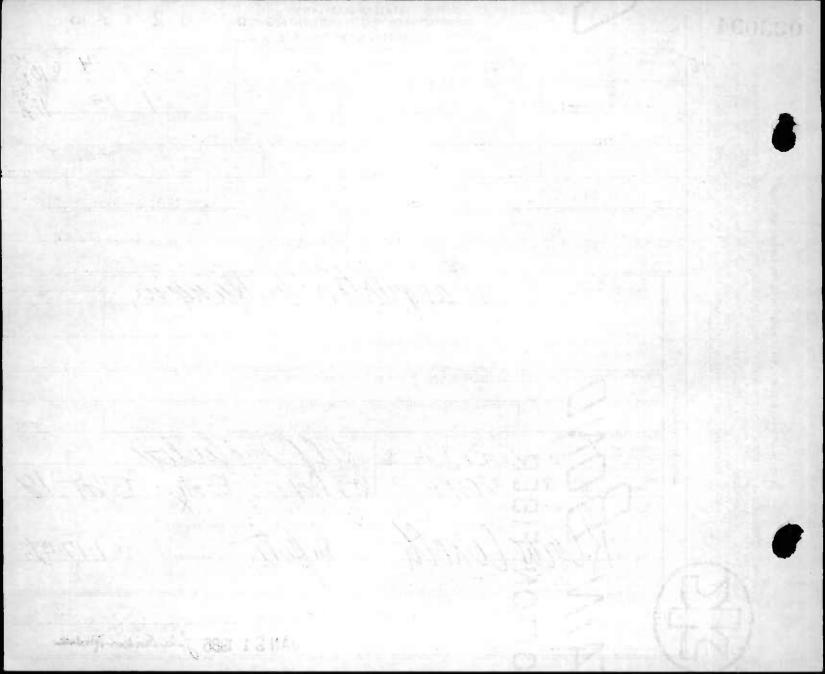
CERTIFICATION

Easton, Md

ADDRES

23c NAME OF CEMETERY OR CREMATORY

JAN 2 1 1986 Julie Buiden Randoll



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	6	1	C

	REGISTRAR				CEKTIF	ICATE OF DEATH	REC	S. NO.		
V	ECEASED NAME	FIR5T	MIC	DDLE		AST	20. DATE OF DEAT		YEAR	2b. HOUD
1	TYPE CALPRING	DOPOT	hy V	$\sqrt{}$	1	3 rowne		1-21-	-86	27
1	SEX		RALE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAS	ST BIRTHDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
L	female		caucasi	ian	8	23 06	79	YRS.	VIHS DAYS	HOURS MIN.
7 0	BIRTHPLACE (STATE OF FO		b. CITIZEN OF W		8 MAPPIE	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		F DEATH	MD
	Maryland		USA		WIDOWE					
ľO	CITY OR TOWN OF DEA	TH 1		SPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUR		12b. KIND OI	F BUSINESS OF
	IE aSTON		n	emori	01		Hot	usewife		
	SUAL RESIDENCE (IF NURSI	NG HOME OR O 13b COUNT		IVE RESIDENCE BEFORE 3(. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CODE		
	Maryland	Car	<u>oline</u>	Denton	l	YES NO X		ox 206C	<u>/2162</u>	9
1	FATHER'S NAME	м	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS1	ſ
_	Walter		М.	Wright		Jennie			ritch	ett
16	(YES, NO OR UNKNOWN)		WAR OR DATES)	6b SOCIAL SECU		17 INFORMANT		DDRESS		
_	NO			<u> 218-24-</u>	<u> 4556</u>	L Stevens	Browne	see 13	3 e.	
	18 CAUSE OF DEATH PART I, DEATH W			V	11-		SETWEEN C	MATE INTERVAL DISET AND DEATH		
			CAUSE (a)		-	FESPINICE	57 X NIVE	257		
			DUE TO, OR	AS A CONSEQUE	NCE OF		. 0		1	
	Canditions, if any,		(b)			NEUMEN	nA .		100	AY
П	gave rise to imm cause (a), stating	g the	DUE TO, OR	AS A CONSEQUE	NCE OF	2	Com		In.	0.4
	underlying couse	last.	(c)			thainsiem	STHOKE		101	JA'75-
١,		IFICANT CO	ONDITIONS CON	TRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR C	ONDITION GIVEN	IN PART 110	1
Ş	190. DATE OF OPERAT		Ton Control				To water		1505 5 h 10 h	
1 5	190. DATE OF OPERAT	ION	196 CONDIII	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
1 5	210. ACCIDENT WAS UND	DIVING [	21h TIME OF	IN HIDV		121. HOW IN HURY OCCUPA	YES NO			NO []
	00.000,000,000,000,00	Land	110110 111		AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18 PART	( OR PART 2)	
3	(IF EITHER, NOTIFY MEDIC		P.M.		19					
MEDICAL	21d INJURY OCCURR		21e PLACE OF	F INJURY T. FACTORY, OFFICE F	ARM ETC )	211 LOCATION	CITYO	DR TOWN	COUNTY	STATE
ľ	WHILE NOT WHI	K L				1/2 00		1/0:	01	
	220.1 certify that		al) attended the		0/1/	11/ 1986	, ta	1 21 19.	06	that (1) (we) las
	sow the decease	d olive on	view the body at		36,0	nd that in (my) (our) opinian	deoth accurred an th	ne date and hour or	nd from the o	couses stated
	226 SIGNATURE		(5)//	7		DEGREE			226 DATE S	SIGNED
	2	20	D. fr	ue cho		MO ATTENDING PHYSICIAN F	MEDICAL DIRECTOR PH	STAFF YSICIAN []	1/21	186
	224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS			-//	
	1 50	ON	D. FR	160ma		403 MAR	VEL CT	EASODN.	MDZ	160)
23	o. BURIAL, CREMATION, F		23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial		1-24-8	86 Md	. Vet	erans Cemeter	Reilah		ounty	Md.
				I I'I		Crain Odischer	y Deutali	DOTCHE	SOLET	TIC.

DHMH - 16 60M 7/84

(VRA 15, 4)

Newnam Funeral Home

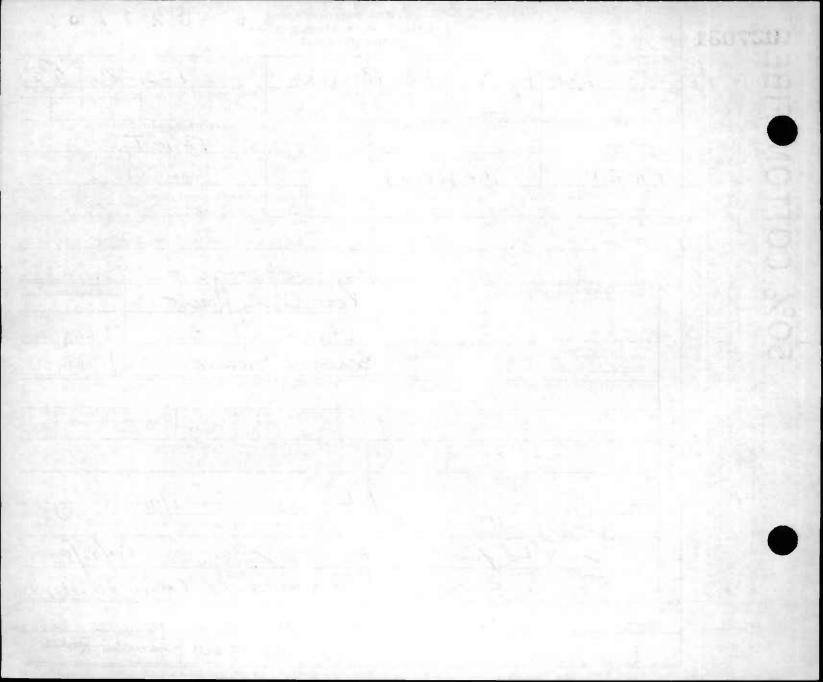
24 FUNERAL DIRECTOR

Easton, Md.

Md. Veterans Cemetery Beulah Dorchester Md.

250 DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNAFINE

Laston, Md. JAN 23 1986



020312	1'	- STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.						
2 e		CEASED NAME FIRST	rles L.	Pole +	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
e 4 moy b ctor. poge s ofter dec	3. SE		RACE White	S. DATE OF BIRTH Sept. 28, 1905	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M			
nerol dire	70. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COU				
by the fur filled with	7	Easton	(IF NOT IN SUCH FACILITY, GIVE S	Memorial	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Proprietor	126. KIND OF BUSINESS (			
in 24 hou y filled in should be	130	0	JNTY I3c. CITY OR 1	alsburg YES 🖟 NO 🗆	309 W. Centra	al Avenue 2/6			
ampletel	1	Adrian E. E		Josephine SECURITY NO. 17 INFORMANT	Jaggi	ederalsburg,			
The exec			TIVE WAR OF DATES			entral Ave., Md.			
or ye death certifical  Read  Read  A generating physic  centraling, or remova  pher troumatic event,		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSE	dis Gulmonary	Palmond	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
equires the speed to Then plea to burnel injury, or g	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEALL BUT MOTIRELATED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART 118			
The low cide. e has bee if permit geine prio	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO			
HYSICIAN inding physical his certifical i burial-tran I Mental Hysical or free 181	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE			
ENDING P fol or other outs on the Health one	×	while NOT WHILE AT WORK  22a.1 certify that (1) (this has sow the deceased of the control of the	pitol) attended the deceased from	om 1980	deoth occurred on the dote and	. 19 <u>86</u> , that (h (we) le			
the bosons the bosons of DIRECTI estached for the Dept of T. If them 21		obove, (I) (we) (did) (did of 276). SIGNATURE	M Hu V	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED			
D HOSFITA		22d. PHYSICIAN'S NAME (1) PE	MIH Wood	27e ADDRESS EA	STON, Md				
BP	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Jan. 7,1986	13. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d LOCATION CITY OR TOWN Federalsburg	. Caroline. Md.			
	24 F	UNERAL DIRECTOR	1	250 DA	TE REC'D. BY REGISTRAR ISH REG				

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

126. KIND OF BUSINESS OR

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Charles Tribas Marie The same was not to the first the first

013034

director, page 3

1 - STATE REGISTRAR CHAI		OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE REG. NO.	*				
1. DECEASED NAME (TYPE OR PRINT)  Hen  3. SEX		aires ate of Birth	20. DATE OF DEATH MONTH	DAY YEAR 26. HOURS				
Male	White Dec	1902 YEAR	83 YRS.	MONTHS DAYS HOURS MIN.				
76. BIRTHPLACE (STATE OR FOREIGN Maryland	I IICA	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	TY OF DEATH				
EASTON	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION  HOSpita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Laborer var	12b KIND OF BUSINESS OR INDUSTRY VILA				
SUAL RESIDENCE (16 NURSING HOME)  130 STATE  Maryland  13b. CC	corother institution give residence before admissionally list. City or town Chestertown	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI	DE 21620				
J. Henry C	chaires LAST	15 MOTHER'S MAIDEN N	nes Knox	LAST				
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY NO. 166 SOCIAL SECUR		Rte≅# l nsey Chester	Bx 115 town, Md.				
PART I. DEATH WAS CAL	PIATE CAUSE (a) THE LUMON	ia	0.5(-)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF							
PART 2. OTHER SIGNIFICAN  Congestive  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Heart Failure,	AtrialFibrille	ation, Aner 200 AUTOPSY? 200. IFY IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?				
an annual course of	DEATH HOUR A.M. MONTH DAY Y	EAR	RED (ENTER NATURE OF INJURY IN ITEM 18	YES NO NO PART 2)				
OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	on 15 and 19 and		death occurred on the date and ha	19				
Mary	Campaendo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED /				
MARY	CAMPAGNOLO, N	10 P.O. BOXE	60 DENTON	1 Mo. 21629				
230 BURIAL, CREMAT N, REMOV Burial	2 T 1 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T	of CEMETERY OR CREMATORY ster Cemetery						
24 FIFERAL DIRECTOR	ells Chestert	own, Md. JA	N 8 1986 Juli	STRAR'S SIGNATURE  Davidson Fandale				

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24. High and 10 to CONTRACTOR TO SERVICE the teacher and the said the s THE RESERVE AND A SECOND OF THE RESERVE OF THE PROPERTY OF THE .e.f , and the second of the first interest in the The state of the s Contract of the contract of th Carlo Sala Sala Sala . . .

should be detached far use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene priar to burial.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE
REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

						KLO. I	O.		
		CEASED NAME FIRST	MID	DLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	b. HOUR	
	(TYPE	Gran	ce W.	Coffin		XXXXXXX	XX 1/18/86	8:45 <sup>A</sup>	
								14/	
- 1	3. SE)	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER I YEAR	IF UNDER 24 HRS	
	70	emale	Caucas	ien De	13. 1885	1/	OO YRS.	HOURS MIN.	
-					1000				
71		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	IED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH		
		ngland	U. S.	A. WIDOV		T	albot	MD.	
- 10		TY OR TOWN OF DEATH		SPITAL, NURSING HOME		12a USUAL OCCUPAT		BUSINESS OR	
2	10. C1	IT ON TOWING DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY	BUS II4ESS OR	
	-,	Easton	Merid	ian -The F	ines	Housewi:	fe Hom	<b>A</b> :	
1	USUA	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GI	VE RESIDENCE BEFORE ADMISSION					
Z		STATE IN COL	JNTY 13	L CITY OR TOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP CODE 2165!	-	
1	M	aryland Car	roline	Preston	YES NO	KFD	5102	)	
1		THER'S NAME			15 MOTHER'S MAIDEN NA	AME			
1	1	FIRST	MIDDLE	LAST	FIRST	WIDDIE	LAST		
6		T. Buei	cley	Allen	Charlo				
2	16a. V	VAS DECEASED EVER IN U.S. A		b. SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
1	()	NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	1911638891	James Lyne	ch Jr. (	Orford MD		
					Tames 2311	022, 020,			
		18 CAUSE OF DEATH Enter of	anly one cause per lin	e for (a), (b), and (c).)	/ ,		APPROXIM BETWEEN ON	ATE INTERVAL	
		PART I. DEATH WAS CAUS		and las only	scular de	1 ind			
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			DUE TO OR A	AS A CONSEQUENCE OF	1	1 .	/		
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		cause (a), stating the	DUE TO OR A	S A CONSEQUENCE OF					
		underlying cause last.							
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	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	IKIBUTING TO DEATH BO	II NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART TIG		
	CERTIFICATION								
3	A	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING		
7	FF	100	1 1 1 2			IN CERTIFYING CAUSES OF DEATH			
	ET					YES NO YES NO			
	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF 1			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
1		OR CONTRIBUTING CAUSE OF D	EMIR	MONTH DAY YEA					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19					
	0	216 INJURY OCCURRED	21e PLACE OF	INJURY	21f. LOCATION	CITY OR TO	OWN COUNTY	STATE	
	Σ	AT WORK NOT WHILE	(AT HOME STREET	, PACIONT, OFFICE, PARM EIC )	3.1.20				
		220.1 certify that (1) (this has	pital) ottended the a			, ta	, 19, th		
		saw the deceased olive a abave, (I) (we) (did) (did r	n	19	ond that in (my) (our) opinian	deoth accurred an the d	ate and haur and from the co	uses stated	
		22b. SIGNATURE	or) view the body of	ter death.	DEGREE	,	22c DATES	IGNED	
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,		Ray	and the same	NY	PHYSICIAN [	DIRECTOR PHYSI	CIAN 1-17	16	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		1		
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		11.0.	JAIN CLAS	6 <sub>cm</sub>	325 CAMIN	10166			
٦	23a. B	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
		SPECIFY)		6 Dante	· Comoto	CITY OR TOWN	COUNTY	STATE	
		Burial	1/20/8	o heuroi	1 Cemetery	Denton	Caroline	MD	
	24 FL	INERAL DIRECTOR	C. A I.	1 codores G	250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATU	RE D Gra	
	1	1 OOKP FULL	VERKHE!	TON'T	BNION	Min - ADDO	The Mandred Oak	TO BELL	
	R.	100017	(	1000		NO MODERNIA TO THE PARTY OF THE	Pharer Anne Sansan		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other

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Murial 1/20/36 Jonson Jemotery Denton Caroline No

The state of the party of the state of the s

ampletely filled in by the funeral director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND \$1201

FOR

# STATE OF MARYLAND

Male  Melace (STATE OR FOREIGN  INTRY)  Pyland  OR TOWN OF DEATH  AS JON  RESIDENCE (IF NURSING HOME OR  ITAL TABLE  VI and  Talbe  GET'S NAME  FIRST  Frazier Woods  S DECEASED EVER IN U.S. ARIV  NO OR UNKNOWN)  (IF YES, GIVE  NO  CAUSE OF DEATH LETTER IN  MACCAUSE  IMMEDIATI	TY 13c. CITY OR TOW Tilghman  AIDDLE ide Covington MED FORCES? 16b. SOCIAL SECU WAR OR DATES) 216-18-5	WIDOWED TO TADDRESS!  ADMISSION)  13d  YE:  RITY NO. 17 1	DAY  PER 1908  NEVER MARRIED DIVORCED D	Price Kinns	7 YRS DR COUNTY C  DO COUNTY C	PER LAST	of N
Male  Melace (STATE OR FOREIGN  INTRY)  Pyland  OR TOWN OF DEATH  AS JON  RESIDENCE (IF NURSING HOME OR  ITAL TABLE  VI and  Talbe  GET'S NAME  FIRST  Frazier Woods  S DECEASED EVER IN U.S. ARIV  NO OR UNKNOWN)  (IF YES, GIVE  NO  CAUSE OF DEATH LETTER IN  MACCAUSE  IMMEDIATI	Cau.  The CITIZEN OF WHAT COUNTRY?  IJSA  11. NAME OF HOSPITAL, NURSIN (IF NOT BY PANTACRITY, GIVE STREET.  OTHER INSTITUTION GIVE RESIDENCE BEFORE TY  IJS. CITY OR TOW  Tilghman  AIDDLE  ide Coving ton  MED FORCES? WAR OR DATES)  216-18-5	MONTH OCTOBE  8 MARRIED WIDOWED COMMENT OF THE PROPERTY OF THE	DAY  PER 1908  NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OF BOAT MAIN:  12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)  Boat main:  13a STREET ADDRESS  Chicken  ME  MIDDLE  Price Kinns  ADDR  4008	7 YRS DR COUNTY C  BOT COUNTY C  ON C  ON COUNTY C  ON C  O	DE DEATH  126 KIND OF INDUSTRY  Dept  21  LAST  U.S. H	F BUSINESS No of 671
PART DE ATH WAS CAUSE IN TOWN OF DEATH  PAS DE LA COUNTY OF DEATH  PAS DE LA COUNTY OF DEATH  PART DE ATH WAS CAUSE IMMEDIATE  PART	IJSA  11. NAME OF HOSPITAL, NURSIN (IF NOT WEST HACKITY, GIVE STREET)  OTHER INSTITUTION GIVE RESIDENCE BEFORE  13r. CITY OF TOW  OT TIIghman  MIDDLE LAST  Ide Covington  WED FORCES? 16b. SOCIAL SECU  WAR OR OATES)  216-18-5	MARRIED WIDOWED TO TADDRESSI N 13d YE:	NEVER MARRIED DINORCED THE INSTITUTION  SPIFAL INSIDE CITY LIMITS? S NO MOTHER'S MAIDEN NA FIRST  HARRIETT NFORMANT	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST I  Boat main  13a STREET ADDRESS  Chicken  ME  MIDDLE  Price Kinns  ADDR  ADDR	bot- ion or working LIFE) tenance / ZIP CODE Point R amon ESS So.	Dept  Rd. 21  LAST  U.S. H	of 671 gh 28
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VIAND TAID  VIAND TAID  VIAND TAID  VIER'S NAME FRAZIER WOODS  S DECEASED EVER IN U.S. ARI NO OR UNKNOWN)  CAUSE OF DEATH LETTER UN  PART I. DEATH WAS CAUSE	ISC. CITY OR TOW Tilghman  AIDDLE  ide Covington  MED FORCES?  WAR OR DATES)  216-18-5  y one cause per line for its one  ECAUSE (a)	13 YE:	S X NO NOTHER'S MAIDEN NAI FIRST HARRIETT HARRIETT	Chicken  ME MIDDLE  Price Kinns  ADDR  ADDR  ADDR  ADDR  90	/ ZIP CODE Point R  amon ESS L4 So.	2d. 21	671 gh 28
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DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by 4 should be detached for use as the burial-transit permit. Then please i with the State Dept. of Health and Mental Hygiene prior to burial, cri

OR ATTENDING PHYSICIAN.

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR (TYPE OF PRINTE 8:40 ewis abne MERIWETHER 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 1898 male kaucasian 3] 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Texas WIDOWED DIVORCED CITY OR TOWN, OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Easton Memorial Hospita] Lawver Law (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE 130. STATE 13e STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? Talbot Easton Maryland Rt. 1Box 379/21601 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Lewis M. Dabnev.Sr. Stella Hutcheson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES 129-34-2409 W W Crystal R. Dabney see APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONSEQUENCE OF Conditions, if ony, which on 00 PN gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11th CERTIFICATION 200 AUTOPSY? CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATIO IN CERTIFYING CAUSES OF DEATH? YES NX YES [ NO T 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE AL WORK HUC 22a.1 certify that (1) (this haspital) attended the deceaded from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death . and that in (myr (our) opinion death occurred on the date and hour and from the causes stated SIGNATURE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS PHYSICIAN'S NAME 503 7 V POC 23¢ NAME OF CEMETERY 230. BURIAL CREMATION REMOVAL 1-16-86 Salisbury Crematory cremation Salisbury Wicomico 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

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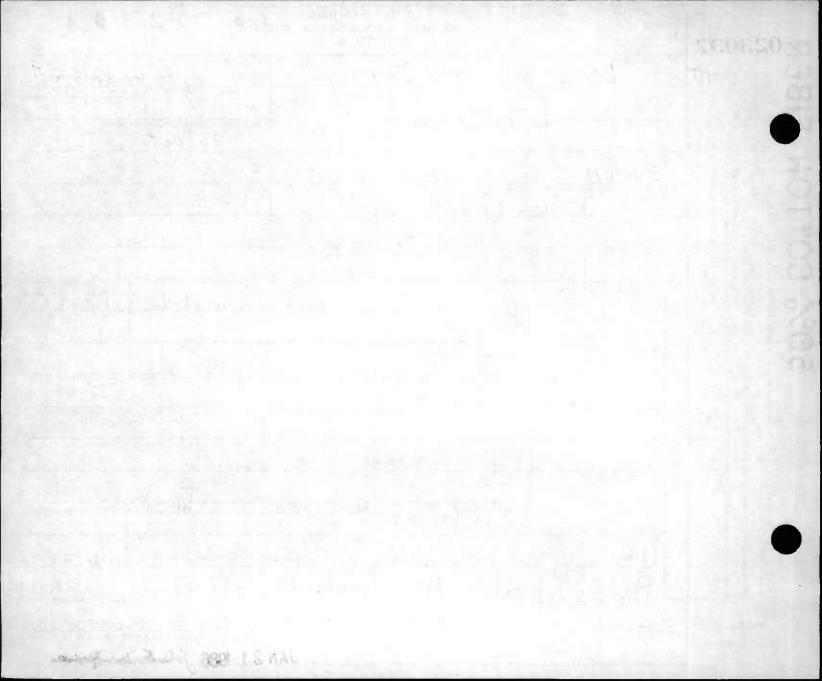
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Newnam Funeral Home

Easton, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



023135

neral director, page 3 in 72 hours after death

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENI
R	CERTIFICATE OF DEATH

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STATE OF MARYLAND  ARTMENT OF HEALTH AND MENTAL HYGIENE	0
CERTIFICATE OF DEATH	REG. NO.

DATE OF DEATH   STORY   DATE OF DEATH   DATE		FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH A CERTIFICATE (		IENE REG. NO	270	3
Second   S	1	DECEASED NAME FIRST	MIDDLE	LAST				2h HOUR
SEX		TYPE OR PRINT)		The state of				- 25
Table   Tabl	Ŀ					4 405		
To Birthflace   Station Forling   To Country   To Birthflace   Station Forling   To Birthflace   To Country   To Birthflace   To Birthflace   To Country   To Birthflace   To Bi	3.			MONTH D	AY YEAR	AGE (IN YEARS LAST BIRT		
USLA   MARKED   NEVER MARKED   NEVER MARKED   NEVER MARKED   TALLOT COUNTY   NO.	V	remare	white	1 9	86	0	YRS.	3 23
IS CITTO REPORT OF DEATH   11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION   128 LUSALO COLUPTION   179 KIND OF MUSINESS OR NOONE   120 LUSTAL RESIDENCE (** PRESSAC CONTROL ON THE MUSINESS OR CONTROL O	70			RY? 8	ER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
ID CITY OR TOWN OF DEATH   I.I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   IPS CONCERNING   IPS	4	M.A.	USA			Tall	bot Count	LV MD
USUAL RESIDENCE (IT NURSHING TOOLER INSTITUTION ONE PERSONNEL STORE ADMINISTRATE TOOLER TOOLER TOOLER AND SOME INCOME.	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE			120 USUAL OCCUPATION	ON 126. KIND (	OF BUSINESS OR
Maryland   Talbot   Easton   YES   NO   Rt. 5   Box 79/21601     14 FAHER'S NAME   MODIT   LONNIE			Easton A	Nemorial		(TYPE OF WOMONE	F WORKING LIFE) INDUSTRY	
Maryland   Talbot   Easton   YES   NO   Rt. 5   Box 79/21601     14 FAHER'S NAME   MODIT   LONNIE	U	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	DE CITY LIMITS?	112 STREET ADDRESS	ZIR CODE	
NOTMAN LONNIE DAVIS Jr. PATTICIA Lynne Ferguson  16 WAS DEEASED EVER IN US. ARMED FORCES?  17 NFORMANT  NOTMAN DAVIS SEE 13e.  ARMEDIANT WITHOUT TO THE ARMED MAIN NOTMAN DAVIS SEE 13e.  ARMEDIANT WITHOUT TO THE ARMED MAIN WITHOUT THE ARMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  18 CAUSE OF DEATH "Enter only one couse per ling-by (a), (b), and ic with the part 1.0 part 1/0  19 DATE OF OPERATION  19 DATE OF OP								
NOTMAN LONNIE DAVIS, Jr. Patricia Lynne Fergison  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 1775 NO DR UNNOWN)  1875 SOM WAS DECEASED EVER IN U.S. ARMED FORCES? 1785 NO DR UNNOWN)  18 CAUSE OF DEATH (SITE ONLY OR BOATS)  18 CAUSE OF DEATH (SITE ONLY OR BOATS)  18 CAUSE OF DEATH (SITE ONLY OR BOATS)  19 CAUSE OF DEATH WAS CAUSED BY INDEX (ID.), (b), ond IC.  19 CAUSE OF DEATH WAS CAUSED BY INDEX (ID.), (b), ond IC.  19 CAUSE OF DEATH WAS CAUSED BY INDEX (ID.), (b), ond IC.  10 DUE TO, OR AS A CONSEQUENCE OF  19 DUE TO, OR AS A CONSEQUENCE OF  10 DUE TO, OR AS A CONSEQU			TOOL   Lasto	4.6	ER'S MAIDEN NA		79/21001	
NO NOTMAN DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO NOTMAN DAVIS SEE 13e.    Recommendation	1			T		-		
NO    It Cause of Death Enter only one couse per line by (a), (b), and (c)   PART I. Death was caused by   It Cause of Death (b)   DUE TO, OR AS A CONSEQUENCE OF	1							son
SET   PART   CAUSE OF DEATH   Enter only one couse per linguage (a), (b), and (c)   PART   DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	10	(YES, NO OR UNKNOWN) (IF YES, GIV		ECORITY NO. 17 INFO	RMANT	ADDRE	33	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216 ACCIDENT WAS UNDERSYING  OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTE WESTER) FOR CAUSES OF DEATH?  YES NOTE  197 LOCATION  216 INJURY OCCURRED  217 LOCATION  218 PLACE OF INJURY  218 PLACE OF INJURY  219 PLACE OF INJURY  210 INJURY OCCURRED  210 PLACE OF INJURY  2110 INJURY OCCURRED  2110 INJURY OCCURRED  2110 INJURY OCCURRED  2111 INJURY OCCURRED  2111 INJURY OCCURRED  2112 INJURY OCCURRED  2113 INJURY OCCURRED  2114 INJURY OCCURRED  2115 INDURY  2115 INDURY OCCURRED  2116 INJURY OCCURRED  2117 LOCATION  SIREET  2118 INJURY OCCURRED  IN CERTIFYING CAUSE OF TO THE TERMINAL DISEAS	L	NO	none	Nor	nan Day:	is see 13	le.	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  AT WORK  NOT WHILE AT WORK  220. I certify that (I) (this haspital) attended the deceased fram  sow the deceased alive an obave, (I) (we) (did) (did nat) view the body after death.  22b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (IVPE OR PRINT)  22c ADDRESS  Nicholas R Flagley M D Easton Md  230. BURIAL, CREMATION, REMOVAL 23b. DATE  230. BURIAL, CREMATION, REMOVAL 23b. DATE  230. BURIAL, CREMATION, REMOVAL 23b. DATE  2310. BURIAL CREMATION, REMOVAL 23b. DATE  232c NAME OF CEMETERY OR CREMATORY 23d LOCATION (COUNTY STATE  CITY OR TOWN  COUNTY STATE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE  230. BURIAL, CREMATION, REMOVAL 23b. DATE  2310. BURIAL CREMATION, REMOVAL 23b. DATE  232c NAME OF CEMETERY OR CREMATORY  233d LOCATION (COUNTY STATE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI	- Control	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSE	OUENCE OF		20a AUTÓPSY?	206 IF YES, WERE FINDI	NGS USED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d IN JURY OCCURRED  21e PLACE OF INJURY  (AT HOME, SIREET FACTORY OFFICE, FARM, ETC.)  22d. I certify that (I) (this haspital) attended the deceased fram				10.00				NO []
220. I certify that (I) (this haspital) attended the deceased fram			HOUR A.M. MONTH	DAY YEAR	w injury occure	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
saw the deceased alive an abave, (I) (we) (did (did nat) view the body after death.    19	1	WHILE NO WHILE				CITY OR TOV	VN COUNTY	STATE
220. DATE SIGNED  220. PHYSICIAN'S NAME (IVPE OR PRINT)  220. PHYSICIAN'S NAME (IVPE OR PRINT)  220. BURIAL, CREMATION, REMOVAL 23b. DATE  230. BURIAL, CREMATION, REMOVAL 23b. DATE  230. BURIAL OR EMBOURD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (COUNTY STATE Burial 1-21-86 Spring Hill Faston Talbot Md.)  24 FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE		saw the deceased alive an	19					
PHYSICIAN DIRECTOR PHYSICIAN  22d. PHYSICIAN DIRECTOR PHYSICIAN  22d. PHYSICIAN DIRECTOR PHYSICIAN  22d. ADDRESS  Nicholas R. Flagler M.D. Easton Md.  23d. BURIAL, CREMATION, REMOVAL COUNTY STATE  Burial 1-21-86 Spring Hill Easton Talbot Md.  24 FUNERAL DIRECTOR  25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	L		-	DEGREE			22c. DATE	SIGNED
22ê ADDRESS  Nicholas R Flagler M.D. Easton Md.  230. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR 10WN CITY OR 10W	ŀ	lulati	a Well		ATTENDING PHYSICIAN F	MEDICAL STAF		
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE  Burial 1-21-86 Spring Hill Easton Talbot Md  24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	1		()		PRESS			
Burial 1-21-86 Spring Hill Easton Talbot Md.  24 FUNERAL DIRECTOR  STATE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-							
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	23	(SPECIFY)	- 10 W	THE NAME OF CEMETERY	OR CREMATORY		COUNTY	STATE
	L	Burial	11-21-86	Spring Hi				
	24		ADDRE	55	25a. DAT			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherwine physician should be detached for use as the burial-transit permit. Then please remove corban papers, with the State Dept. of Health and Mental Hygiene prior to burial. Crimatian, ar inmoval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

Newnam Funeral Home

Easton, Md

ESPERO. State Francisco State 18 Vin

	FOR			
-	STATE			
	REGISTRAR			

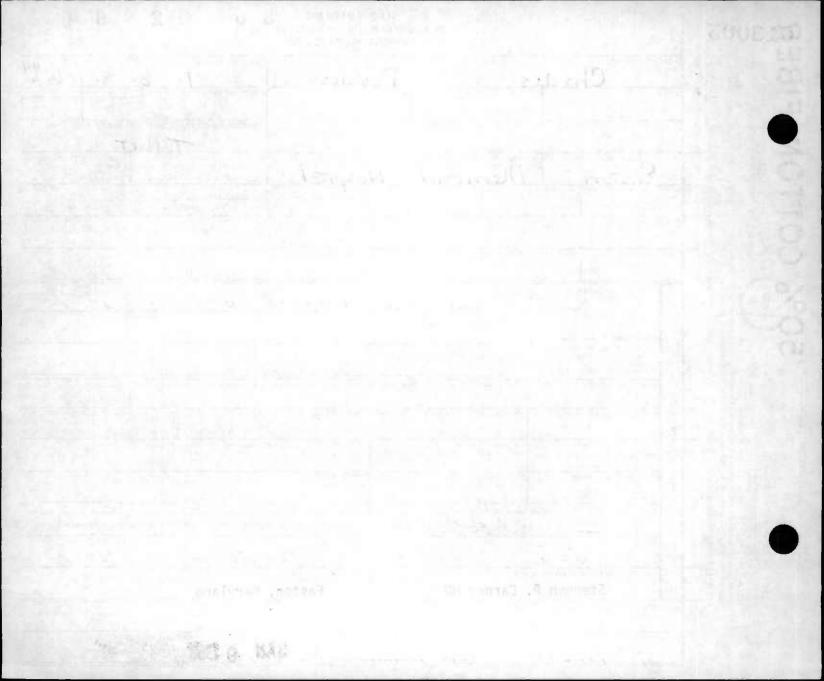
### STATE OF MARYLAND BEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

U	Sin	3	0	de
	1.24			

		REGISTRAR			CERT	ITICATE OF DEATH	REG. N	10.		14
	1. DE	CLASED NAME	FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR 2	Th HOUR 44
			arle	<	н Д	eVries sr	1	- 6-	- 86	6
	3. SE			RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF		IF UNDER 24 HRS
		Male		Whi	+ O	3 - 23- 11	7/		DATE DAYS	HOURS MIN.
	7a. BI	RTHPLACE (STATE OR F	OREIGN 7h		WHAT COUNTRY? R		9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
ý		COUNTRY)			MARR	IED X NEVER MARRIED				
-		Maryland	TH 11	US	A WIDOV		120. USUAL OCCUPA	IMPO	125 KIND OF	BUSINESS OR
1		C _			H FACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
9	(1511)	LASTUM	NC HOME OF O	11cm	GIVE RESIDENCE BEFORE ADMISSION	HOSPITAL	Quality	Contro	pr con	sumer
į.	130. 5	STATE	13P COUNT,	Y	136 CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	216	58
		MD	Talbo	t	Oueenstown	YES NO	255 A. C	overno	ors Wa	y South
3	14. FJ	ATHER'S NAME	MI	DDIE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
1		John	01i	ver	DeVries	Emma			Ko11	er
		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	2165	8
Н		NO				Catherine	DeVries	Oneens	stown,	
		1	H (Enter anly	ane cause per	line for (a), (b), and (c)			-X	APPROXIMA BETWEEN ON	ATE INTERVAL
		PART I. DEATH W	AS CAUSED	BY.		LANDMA DI	F EYE		27	MO
			IMMEDIATE							
- 1		Constitute of	1	DUE TO, O	R AS A CONSEQUENCE OF					
		Canditions, if any, gove rise to imm		(b)					+	
		cause (o), stating underlying cause		DUE TO, O	R AS A CONSEQUENCE OF					
				( (c)						
H	z	PART 2 OTHER SIGN	I IFICANT CO	nditions <u>co</u>	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	MINAL DISEASE OR COM	adition given	IN PART la	
r	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	TION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	20h JE YES	WERE FINDING	35 LISED
	꾶	The DAILE OF GREAT		170 00.10	THE	O. T. T. A. O. T. E. T. O. M. T. E.		IN CERTIFYI	ING CAUSES O	F DEATH?
	ERT	210. ACCIDENT WAS UND	EDIVING	21b, TIME O	E IN II IDV	21c HOW INJURY OCCUR	YES NO	YES		NO [
2		OR CONTRIBUTING C			M. MONTH DAY YEA		KED (ENTER NATURE OF IN)	JRY IN HEM 18 PAK	II OKPARI 2)	
	D.	(IF EITHER NOTIFY MEDIC		P.,						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	1	NOT WH	ILE				1			
Ш		22a.1 certify that (1)	(this hospital	4 /	e deceased from	12/Ka 1985			86_, the	at (I) (we) lost
М		saw the decease abave, (1) (wa) id	d olive on_	view the hady	2/86 19	and that in (my) (aur) apinion	death accurred an the o	late and haur c	and fram the ca	iuses stated
		226. SIGNATURE	/	new me opay	difer death.	DEGREE			22c. DAJE SH	GNED
			Alest.	0	Camelos	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [	1/6/	86
		22d. PHYSICIAN'S NA	ME STYPE OR P	RINT)	0	22e ADDRESS	J DIRECTOR [] TITIST	CIAIT		0
		Ste	phen P	. Carn	ey MD	Easton,	Maryland			
		BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
		Crematio	n//	1-6-	86 Carro	L1_Cremation	Hampste	_	armo11	STATE
'n	24 FU	UNERAL DIRECTOR	///	1-0-		5/7/84 25a. DAT	TE REC'D. BY REGISTRAL	IS PER BURA	AR'S SIGNATUR	RE
		NAME	11/1/1.		ADDRESS	V alle	A Jackson	4.0	64 6	-0·/

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be detached for use with the State Dept, of Heal MPORTANT, If them 21 is



otherding physical.	nnn ond completely filled in by the funeral director. Poges Trand 2 should be filed within 72 hours off
-	the others of the second
The same and	been signed by t mit. Then please r
othending physician.	free this certificate has as the burial transit per

STATE OF MARYLAND

1 - STATE REGISTRAR

STATE OF MARYLAND MENTAL CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

HYGIENE 6	0

REG. NO.

0298

- [		EASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	Zb HO	
1		OR PRINT)	MBER	2 L	NNY	FL	AHAR	ry	JAN	9	1986	14	09 M
1	3 SEX		1000	4. RACE	1		OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UND	ER 24 HRS
1		Female		101	HITE	MONT		YEAR			MONTHS DAYS	HOURS	MIN.
4	7a B1F	RTHPLACE (STATE OR	_	7h CITIZEN OF		TRY? 8		1986	9 BALTIMORE CITY	OR COUN		14	1 %
	C	OUNTRY) MD		USA				MARRIED -	TALB				
7	10 CI	TY OR TOWN OF DE	ATH			JRSING HOME		STITUTION	12a USUAL OCCUPA		12b. KIND	OF BUSIN	MD.
		EASTON		Memori	HEACILITY GIVE	otal at	EAST	IN FAC	(TYPE OF WORK FOR MOS	T OF WORKING			
	13a. S	AL RESIDENCE IF NUR	13b COUN		13c CITY OR	TOWN	13d. INSIDE	CITY LIMITS?	13e.STREET ADDRES	S / ZIP CO	DE		
4		aryland	Tal	lbot	East	on	YES 🗌	Хои	Rt.3/21				
1	14. FA	THER'S NAME		MIDDLE	LA51		15 MOTHE	R'S MAIDEN NAM	ME		1	AST	
1		Eugene			Con1		l E	ever1v		I	Flahar	īv	
		AS DECEASED EVER		MED FORCES?	16b SOCIAL	SECURITY NO.	17 INFORM	ANT	ADD	REP.O	Box 1	793	
	NO		(IF TES, GIV	E WAR OR DATES)	n/a		Gera	1d G.F	laharty		on Md		
1		18 CAUSE OF DEAT	TH (Enter on	ly one couse per	lumbor (o), (b	or, and icui					APPRO	XIMATE INT	ERVAL ID DEATH
И		PART I. DEATH V	VAS CAUSE	D BY:	Que	die						0.1361	
П	-		IMMEDIAI	_		7000	,		4				
1		Conditions if one		DUE TO, O	RASACONS	EOUENCE OF	Messa	a land	1		- 14		
1		Conditions, if any gave rise to im	mediote	(b)	ex	eru	yun	acci.	129				
1	1	couse (a), statu underlying couse		DUE TO, O	R AS A CONS	EOUENCE OF							
1				(c)									
1	z	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ital											
Н	CERTIFICATION	19a DATE OF OPERA	TION	10h COND	ITION FOR W	HICH OPERATIO	NI WAS DEDE	OPAAED	20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED			ED.	
21	FIC.	170 DATE OF OPERA	11014	170 COND	ITION FOR W	HICH OFERATIO	N WAS FERF	OKMED		IN CER	TIFYING CAUSE	S OF DEA	ATH?
¥	RTI	21g. ACCIDENT WAS UN	DEBLYING T	1 211 71415 0	F INCLUDY		In. How	NINDY OCCUPA	YES NO		YES 🗌	NO	
d		OR CONTRIBUTING		TH HOUR A.	M. MONTH	DAY YEAR	ZIT HOW	NJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM II	B PART ( OR PART 2)		
	CA	(IF EITHER NOTIFY MED				19							
1	MEDICAL	21d INJURY OCCUR		21e. PLACE		FICE, FARM, ETC.)	211 LOCAT	ION ET	CITY OR	TOWN	COUNTY		STATE
1	-	AT WORK NOT W	PHLE										
1		22a. I certify that (I			e deceased fr	om			, to		. 19	, that (I)	(we) lost
1		sow the deceos obove, (1) (we) (	ed olive on did) (did no	t) view the body	ofter death	19, o	nd that in (m)	) (our) opinion o	death occurred on the	dote and h	our and from th	e couses s	toted
1		226 SIGNATURE		0			DEGREE				22c. DAT	E SIGNED	
1		huele	de	K. Ll	ell~			PHYSICIAN T	MEDICAL ST	AFF			
┪		224 PHYSICIAN'S N	AME (TYPE O	R PRINT)	7		22e ADDRE		, , , , , , , , , , , , , , , , , , , ,		1		
ı		Nichol	oc D	Flag1	· MD		Fac	ton Md					
+	73a B	URIAL, CREMATION		123b. DATE	r,MD	23( NAME OF C	EMETERY	ton, Md	23d LOCATION				
	(5	rial	REMOTAL	1-14-				CREMATORY	CITY OR TOWN		COUNTY		STATE
	_	IL La L		T-T4-	00	Spring	UTII	25a DATE	Easton EREC'D. BY REGISTRA	PISS PEGI	Talbot		d.
		Newnam	Fune	ral Ho	me ADDR	Easton	Мд		1 1 6 1000	ZJI. KEGI	JINAK 3 3ISNA	TORE	
- 1		TI CAATT CITIT	T CITT				9 4 4 4 6	U/1/1/	I D THUC				

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND BEPARTMENT OF HEALTH AND MENTAL HYGIENE

	' -	REGISTRAR			CERTIF	CATE OF DE	HTA	REG. N	0.		
		CEASED NAME FIRST	^	AIDDLE	t	151		20 DATE OF DEATH	MONTH	DAY YEAR	2h, HOUR 9
-	E	3" LAWREN	J AS	HLEE	FLA	HART	Υ	JANUA	RY 9	1986	IT A
	3. SEX		4 RACE		5 DATE C	FBIRTH	YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS ME
		Female	W	+	JAI	19	1986		YRS		27
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI	□ NEVER M.	ARRIED FE	9 BALTIMORE CITY	R COUNT	OF DEATH	
1		MD	USA		WIDOWE		ORCED [	TALBO	T		
1	10 C1	TY OR TOWN OF DEATH		OSPITAL, NU	RSING HOME C	ROTHER INSTI	TUTION	120. USUAL OCCUPAT			OF BUSINESS (
1		EASTON	Memo	1 6 11	ospital	at EHS	on Inc	none	or working [	INDOSTRI	
6		AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION		EFORE ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	/ 7IP COD	:	
-	. M		1bot	East			NOX	Rt. 3/216		-	
7		THER'S NAME	WIDDLE	LAST		15. MOTHER'S					
U		Eugene	WIDDLE	Conle	37	Beve	1RST	Ann		Flaha	
	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?		ECURITY NO.	17 INFORMAN			SSO B	ox 179	13
	N		IVE WAR OR DATES)	n/a		Gerald	G.F1		asto		, 5
		18 CAUSE OF DEATH (Enter of	inly one cause per			GELAIU	VI.A.I.I.	anarty 1	MSI.U		MATE INTERVAL
		PART I. DEATH WAS CAUS	ED BY:		0 1/10	4				BETWEET	DIAZET MIND DEMT
		IMMEDIA	TE CAUSE (a)	<u> </u>	ance			1000			
7		C 191 17 11 11 1	DUE TO, OF	AS A GONSE	EQUENCE OF		line	1.		100	
		Canditions, if any, which gave rise to immediate	(b)_C	gicie	uck y	una	anu	-49		-	
		cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSE	EOUENCE OF						
			(c)								
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ntributing	TO DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
,	CERTIFICATION	19n DATE OF OPERATION	In COND	TIONIFORWA	TICH OPERATION	LAVAS BERSOR	4450	78n AUTOPSY?	Tab IE VE	S, WERE FINDI	NCS USED
)	FI CA	196 DATE OF OPERATION	198 CONDI	TION FOR WE	TICH OPERATION	N WAS PERFOR	MED			YING CAUSES	
	RTII					In		YES NO		S 🗌	ио 🗌
0		21a. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE	TATH HOUR A.		DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 I	PART I OR PART 2}	
1	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY EET FACTORY, OFF	FICE FARM FTC )	211 LOCATION	4	CITY OR TO	WN	COUNTY STATE	
	2	AT WORK NOT WHILE AT WORK		er racioni, on	TAME TAME						
		220.1 certify that (1) (this hosp	oital) attended the	deceased fro	am		. 19	, to	,	19	that (I) (we) I
		saw the deceased alive o abave, (I) (we) (did) (did n	ot) view the body	after death	19, an	d that in (my) (	our) apinion d	leath occurred on the d	ote and hou	ir and fram the	causes stated
		22h SIGNATURE			(	DEGREE				22c. DATE	SIGNED
		welch.	Mr Kl	un			TENDING HYSICIAN	MEDICAL STA			
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS		,			
		Nicholas R.	Flag1	r,MD		Easto	n,Md.				
	23a B	BURIAL, CREMATION, REMOVA	L 23b. DAT	T	23c NAME OF C			23d. LOCATION			
	(-	Burial	1-14-			g Hill		Easton	Та	1bot	Md.
	I.		1		1	0			- 4		TICE.

DHMH - 16 60M 7/84

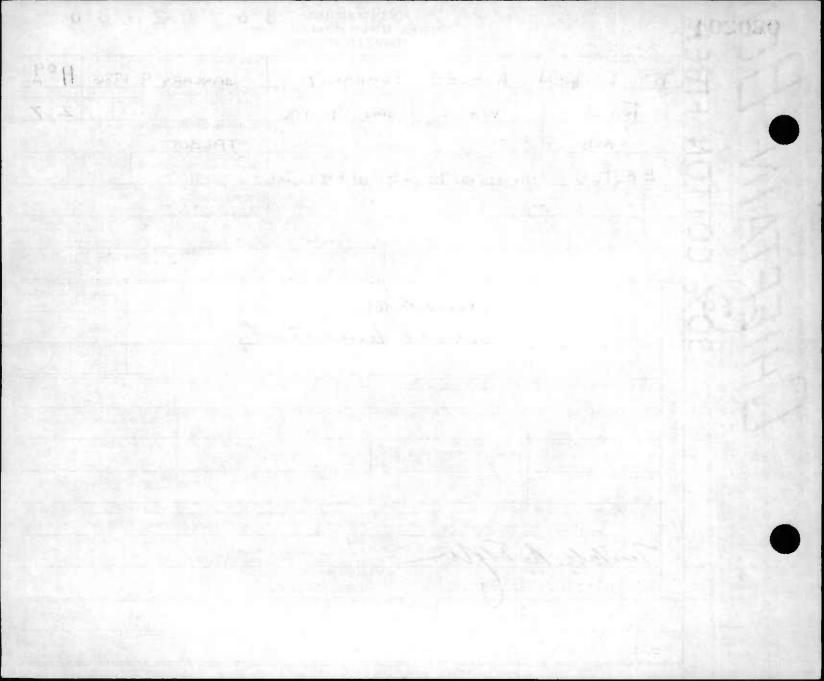
IMPORTANT: If Hem 21 is marked ar Hem 18 shows any

Newman Funeral Home (VRA 15, 4)

Easton, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

127-4



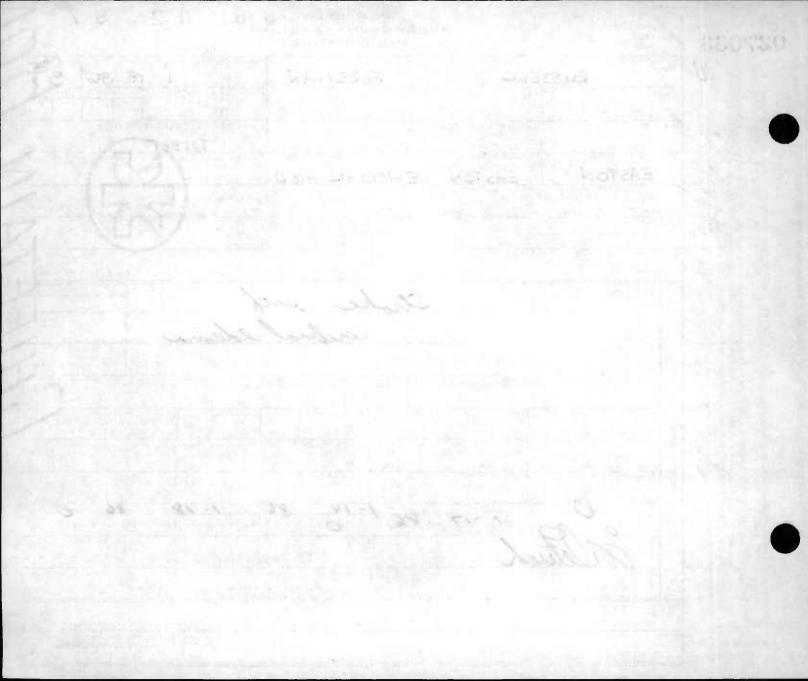
027	033
Page 4 mo)	al director, po
tota offer deat	The second
d within 24 A	and 2 shoulds
ofe be execute	open Page vol
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Zerbau after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely field into the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbomoper. Frank I and I also the buriol-transit permit. Then please remove carbomoper. Frank I and I also the buriol-transit permit. Then please the state best of Health and Mental Hygiene prior to buriol, cremation, ar removal.  IMPORTANT: If them 21 is marked or them 18 season any injury, an other traumotic event, the medical estimation is confident into the contraction.
requires that th	en signed by the Then please report to burnal, crerinjury, ar ather
JAN: The low physician.	itificate has be Il-transit permit lat Hygiene prid m 18 s Memoria
VDING PHYSIC or affending	8: After this ceruse as the burio ealth ond Mens s marked or the
TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician.	RAL DIRECTOR detached for a tote Dept. of H NT: If Item 21 is
TO HOSPI retained b	TO FUNE should be with the S IMPORTAL

FOR - STATE

STATE OF MARYLAND

BEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

0/	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	).	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 2b	HOUR 35
4	RUS:	SELL THOMAS	FOREMAN		1 18 86	31
3.	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER 24 HR
	MALE	CAUCASIAN	Apr. 25, 1891	94	YRS.	DURS MIN
2/10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O		
b	Penna	II C	WIDOWED TO DIVORCED	Tar	BOT	٨
20	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 12b KIND OF BU	
18	EASTON	(IF NOT IN SUCH FACILITY, GIVE STREET	EMORIAL HOSD.	printer	F WORKING LIFE) INDUSTRY	
500	SUAL RESIDENCE (IF NURSING HOME CO. STATE 136 COU	R OTHERHUSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13e STREET ADDRESS /	71D CODE	
00	Maryland Que					/216
	FATHER'S NAME		TS MOTHER'S MAIDEN NA		wood bildars	-210
	THOMAS FO	OREMAN	ELEANOR	SIXTH	LAST	
ny	. WAS DECEASED EVER IN U.S. A			ADDRE	SS	
1	(YES, NO OR UNKNOWN) (IF YES, G	160-05-	8113 Ruth F. Ge	hauer	see item 13	2
V -		inly one couse per line far (a), (b), an		Datter	APPROXIMATI BETWEEN ONSE	EINTERVAL
tue tue	PART I. DEATH WAS CAUS	ED BY:	to be us	th	BET MEEN ONSE	I AND DEA
, ev	IMMEDIA	TE CAUSE (a)	was per	71		
organio		DUE TO, OR AS A CONSEQUE	ENCE OF Cerebral	101		
3	Conditions, if any, which	(b)	Cerebras	eden		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF			
	underlying cause last	15)				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN IN PART 11g	
	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS	
1				YES NOW	IN CERTIFYING CAUSES OF	DEATH?
	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR			
-/ //	00.00					
7	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	21f LOCATION			
		(AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOV	WN COUNTY	STATE
	AT WORK				0 6/	
2		oital) attended the deceased from_	01 1-14 19 86		9 19 & C , that	(we)
121	saw the deceased alive o	n 19 view the bady after death.	and that in (our) apinion	death occurred on the da	te and haur and fram the caus	ses stated
E = =	17h SIGNATURE	/	DEGREE		22c. DATE SIG	NED
=	108/10/1	10h	ATTENDING	MEDICAL STAF	F TANKET	10
1	TTE PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHISIC	IAN .	L-19
/ 1					1.00.00	
1		ERRY P., M.D.	EASTON,	MARYLAND	21601	
23	a. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	236 LOCATION	COUNTY	STATE
	Cremation	1-19-1986 Sa	lisbury Crem.	Salisbu		
	FUNERAL DIRECTOR		25a, DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE	
/B4	NEWNAM FUNE	DAT HOME EA	STON, MD. JAN	23 1980	and suit stock- house	
	NEWNAM FUNE	NAL HUPL EA	DIUN, PID.	67		



## FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-34	-	

	REGISTRAR	REO. 170.							
	ECEASED NAME	elen Hel	en /Mioole Vio	rginia (	GEORGE	20 DATE OF DEATH	MONTH DAY	1986	2b. HOUR
3. S	EX	4 RA	ACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF U		IF UNDER 2.
1	Femal	.e	White		ary 13, 1915	70	YRS		1.00%
1	BIRTHPLACE (STATE (	OR FOREIGN 76 C	ITIZEN OF WHAT COL	INTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
2	Maryland		USA	WIDOW		T	4 1001		
1	EAS ton		MEMORI	VE STREET ADDRESS)	or other institution	(TYPE OF WORK FOR MOST)  Wife		12b. KIND OF INDUSTRY Home	
130	UAL RESIDENCE (IF N STATE Maryland	URSING HOME OR OTHE 1135 COUNTY Gueen An	ne's Cent		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS R.D. 1, Bo		216	517
	FATHER'S NAME FIRST Harry	* MIDOL	E L	wkins	15 MOTHER'S MAIDEN NAME FIRST Ruby	WE		Roe	e
2 169	WAS DECEASED EV (YES, NO OR UNKNOWN)		FORCES? 166 SOCIA	42-5411	M. M.			, Box	
7		ATH (Enter only on	e couse per line for (o),			4	1	APPROXIM BETWEEN ON	
Z					NOT RELATED TO THE TERM				
A PA	19a DATE OF OPE	RATION	19b. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
TIFICATION	19a DATE OF OPE	RATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOKX	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C	
CAL CERTIFICATION	19a DATE OF OPEI	UNDERLYING	19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON		21c. HOW INJURY OCCURE	YES NOXX	IN CERTIFYIN	G CAUSES C	OF DEATH
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23a 24	21a. ACCIDENT WAS IN OR CONTRIBUTING [  (## EITHER NOTIFY M  21d INJURY OCCU  WMILE NOTIFY M  22a. I certify that  which dece  DOWN (1) (we  DESIGN AT URE  BURIAL, CREMATIO (SPECIFY)  BURIAL  FUNERAL DIRECTOR  NAME  FUNERAL DIRECTOR	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)  URRED  WHILE COST  WORK  (1) (this hospital) cosed alive on cosed a	21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, offended the deceosed the body offer death  The DATE  [an. 24, 1986] Funeral H	TH DAY YEAR 19 OFFICE FARM ETC)  from 19	21c HOW INJURY OCCURE  211 LOCATION STREET  . 19  nd that in (my) (our) opinion of the physician of the phys	YES NOKK  NOKK  RED (ENTER NATURE OF INJU  CITY OF TO  Deoth occurred on the d  MEDICAL STA  DIRECTOR PHYSI  23d LOCATION CITY OF TOWN  Y Centrevi  E REC'D. BY REGISTRAR	IN CERTIFY IN YES [  JRY IN ITEM 18 PART  DWN  19_ Jote and hour an  FF CIAN   F	COUNTY  COUNTY  the different the country  22c DATE S  25-000  DUNTY	STAND CONTROL OF THE PROPERTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

TENDING PHYSICIAN: The law offol or attending physician.

Total Land of the state of the A CARLO AND A CARLO CARL . Signature of the contract of The Market and the first of the second of th 023130

STATE OF MARYLAND

1	REGISTRAR	(	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME William	y. 5,	Grav	2s. DATE OF DEATH MONIN	2 86 10:55 M
	Mble		DATE OF BIRTH	A AGE (PUTLAPILAS) BRITHDAY)  VRS  1 BALTIMORE CITY OR COUN	- Ingressed
1	North Cor.	11ch	MARRIED   NEVER MARRIED   NORCED	Talbot IN USUAL OCCUPATION	MD.
1	Easton IN	remorial H	fospital	Laborer	
2	UN COUNTY	A Brokony	TO YES IN NO W	RAI BOX	04 1638
1	HEALY MEDI	Glove	EMMO	ADDRESS	Little
1	WAS DECEASES FOR IN U.S. ARMED		488 Henry	1 Gray	
	PART I DEATH WAS CAUSED BY IMMEDIATE CA	Ken	inative	preumait	APPROXIMATE INTERVAL BETWEEN COGNIMIC DEATH  THE
	PART 2 OTHER SIGNIFICANT CON  190 DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING	DITIONS CONTRIBUTING TO DEA	2 to him	O Calcour 1	TES, WERE FINDING USED THYING CAUSES OF DEATH? YES \( \text{NO} \)
1	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	2 Ib. TIME OF INJURY HOUR A.M. MONTH DAY. P.M.		URRED (ENTER NATURE OF INJURY IN ITEM	8 PART   OR PART 2)
	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspital)		12/21 108	Cit OR IOWN	COUNTY STATE
+	obove (J See) (did) did not ve	January January	DECREE	MEDICAL STAFF	22c. DATE SIGNED
	22d. PHYSICIAN'S NAME TYPE OF PRI	DANKINEV-	The ADDRESS	levine 3, De	H 121

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

MAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
COUNTY
CD. BY REGISTBAR 23 FEE STRANG SIGNA MARE.
2 1 1986

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DHAH - 16 50M 7/84

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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TATE	CERTIFICATE OF DEATH

2 9 9

6

- 1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		†
- 1		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEA	TH MONTH	DAY YEAR	20 110011
	(TYPE	OR PRINT)	MAR	Y K	LIMA	GRES	SKO	Janua		, 1986	5:27 P.
	3. SE)			4 RACE		5. DATE C		6 AS TIN YEARS L	AST BIRTHDAY)	MONTHS DA	
	1	Female		Cau		Sept	1.5, 15 m	28	Υ	RS.	
1	o. BI	RTHPLACE (STATE O	R FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE C	TY OR COL	JNTY OF DEATH	
	Czechoslovakia USA			WIDOWE	DIVORCED						
0	11. NAME OF HOSPITAL, NURSING St. Michaels  11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH EACHLITY, GIVE STREET A  At Home				21.66						or other institution
1	13000	AL RESIDENCE (IF NU STATE Ohio	13b COUP		Bedford	V	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDE	ess/zipo	urne R	d. 441.46
11	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		DIE		HAST
/		Mike	Klim	a	1431		Anna	KRINE E	c M	atejsk	O
0	16a V	VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO	17. INFORMANT	R:	DORESV 1	sta	
2		No or unknown)	(IF TES. GIV	E WAR OR DATES)	299-38-6	703	Sue G. Conk	clin St	. Mi	chaels	, Md. 216
7	CERTIFICATION	gave rise to in couse (a), state underlying could part 2 OTHER SIG	ing the se last	CONDITIONS <u>C</u>		EATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR	20b.	IF YES, WERE FIN	IDINGS USED
4	E SE							YES NO Y YES NO NO			
7	10.75	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEA	(IH	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE C	DE INJURY IN ITE	M 18 PART I OR PART	2)
	MEDICAL	THE INJURY OCCU	RRED	71e PLACE	OF INJURY NET FACTORY OFFICE FA	ukw, ETC (	THE LOCATION	cm • • /	)	COUNTY	STATE
/		270.1 certify that (I) (the angular) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10									
	23a. f	Gremation	The state of the s	Jan 6,			emetery or crematory Crematory	734 LOCATION Was	hingt	on, D.	C. STATE
	3/	HERAL DIRECTOR	F	/.	1 Ast	21/	1. 7 750 DATE	E REC'D. BY REGIS	TRAR 25h R		

January 4, 1986 5127 F.			
## ## ## ### ### ### ### #### ########	Mar .21 Just	.uec	
Talbot Bounty			Dzuchoslovakla
ilouseviile	Too L -	Shop Jai	alesdoim
Serve Tablogues and Serve		0200	Ohio
Camintal Amaxia and			seff) exi-
condin de la mala, ed. 2 de			of

St. Michaels, puryland 221063 Desamiles was to the second was inclinated. 7

	O HOSPITAL OF KITENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be executed by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely stilling, by the funeral director, page 3 hould be described that use as the burish-transit permit. Then please remove carbon papers. Pages 1 and 2 should be hed without a thrus after death of many finance price to burish, cremation, or removal.  WPORTANT: If them 21 is marked or their 18 shows any injury, or other traumatic event, the medical examines partied as the
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_	O HOSPITAL OF ATTENDING PHYSICIAN, The Intuined by the hospital or otherding physician	TO FUNERAL DIRECTOR. After this certificate has been varied by the attending physician and con- hould be detached for use at the burief-trains gorman. Then please remove carbon papers. Fages 1 or with the State Dept of Health and Mental Hygiene prior to burials, cremation, or removal.  MPORTANT: If them 21 is marked or than 18 shows any injury, or other trainfastic event, the medical
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STATE OF MARYLAND

ı	T - STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND CERTIFICATE OF		REG. NO.	7	
L	DECEASED NAME FIRST (TYPE OR PRINT)	MA 771	GRIM.	45	OF DEATH MONTH DA	2686 62 under 1 year 16 under 24 He	M
	BIRTHPLACE (STATE OR FOREIGN	B//S	MONTH DAY	19 60	YRS MORE CITY OR COUNTY O	INTHS DAYS HOURS MI	7
	COUNTRY) MC	USA	MARRIED L NEVER	MARRIED	TALbo	T-	MD.
ľ	SASTON		OURSING HOME OR OTHER INS ESTREET ADDRESS)		AL OCCUPATION WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS ( INDUSTRY	)R
1	LAL RESIDENCE HE NURSING HOME OF 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE  JINTY  13c CITY OF  CHP	STEY YES	NO 🗌	ET ADDRESS / ZIP CODE	2967/61	19
ľ	ROBENT	MIDDLE LA		FIRST	MIDDLE	w n	
ł	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL	L SECURITY NO. 17 INFORM	ANT	ADDRESS Orice	m P.S	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEQUENCE OF	Primary  D TO THE TERMINAL DIST	Source Source Source	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION WAS PERFO	ORMED 200 A	IN CERTIFYI	WERE FINDINGS USED NG CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  1d. INJURY OCCURRED		H DAY YEAR	ION	R NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)  COUNTY STATE	
	22a. I certify that (I) (this hasp saw the deceased glive a abave, (I) (we) (did))(did n	11116	_19 <del>06</del> , and that in (my	, 19 , to , to ) (aur) apinion death occ	, 19 urred on the date and hour o		ast
	77%. SIGNATURE WW	(Award)	1-11	ATTENDING MEDIC PHYSICIAN DIRECT	AL STAFF OR PHYSICIAN	1726 BG	
	22d. PHYSICIAN'S NAME (TYPE	ORPRINT) H WSO	22e ADDRE	EASTON	v, md		
L	30 BURIAL CREMATION, REMOVA	2/1/56	Chester C	an CA	OCATION ON TOWN SY REGISTRAR 25b. REGISTRA	COUNTY STATE	1

DHMH - 16 60M 7/84 (VRA 15, 4)

Easter Med JAN 31 1986

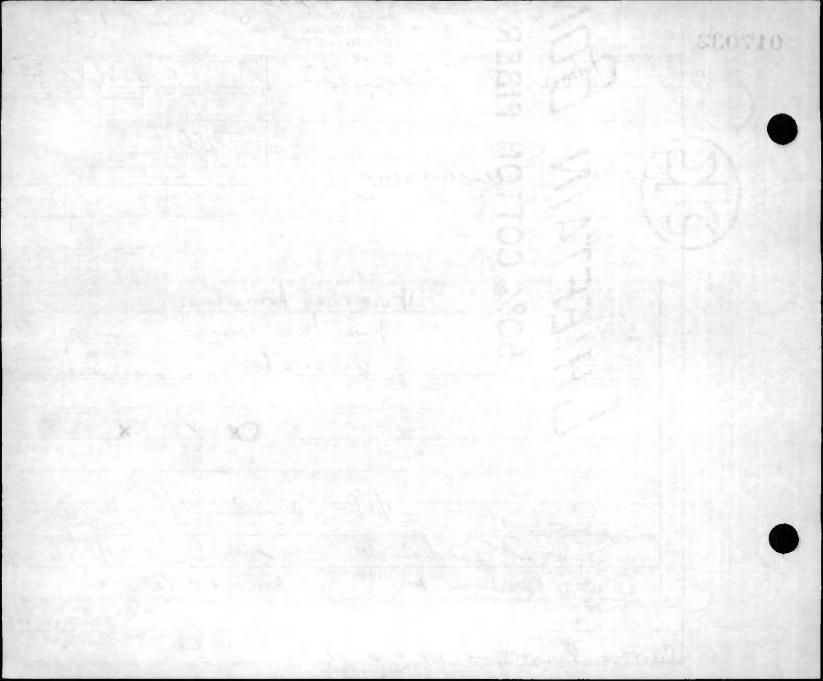
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(VRA 15, 4)

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TATE	CERTIFICATE OF DEATH

REG NO.

7032	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF HEALTH AN CERTIFICATE OF			G. NO.		
		EASED NAME OR PRINT)	PIRST	C.	HIDDLE	arpe		20. DATE OF DEA		8-86	26. HOUR 55
(1)	3. SEX	female		4. RACE Cau.	,	Aug. 8	.1923	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER A HRS
N 8 5 1/1	7a 811	RTHPLACE (STATE OR FI	OREIGN		VHAT COUNTRY?	MARRIED NEVE	R MARRIED X	9. BALTIMORE CI			
oy the lumined with a	100	TY OR TOWN OF DEA	TH /	11. NAME OF H		G HOME OR OTHER IN	DIVORCED	120 USUAL OCCU			MD.  OF BUSINESS OR
anld the	130 S MA	AL RESIDENCE (IF NURSI TATE RYLAND	13h COUN	CHESTER	136. CITY OR TOW FISHIN	IG CRIKES		13e STREET ADDR	ESS / ZIP CC		
	4 FA	THER'S NAME FIRST ALBER	г (	CLARKE	HARPER		ER'S MAIDEN NA FIRST ATTI	EE		GOODW	
rs. Pag		AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES?	436-46-		(brot				Rd.70129
physic pape navat.		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	ly one couse per D BY: TE CAUSE (0)	line for (a), (b), and	ENTRICO	car Ap	RHYTHM	AS	APPROXI BETWEEN (	IMATE INTERVAL ONSET AND DEATH
attending ion, or rer cumotic ev		Conditions, if any,		DUE TO, OR	as a conseque	NCE OF MITPAL	VANG	DISGAS	5	~50	bus.
ose remoter transfer tra		gave rise to imm couse (a), stating underlying couse	g the	DUE TO, OR	AS A CONSEQUE		UMASIC;	FENER		50	242
Then plear to burio	NO	PART 2 OTHER SIGN	IIFICANT (	CONDITIONS CC	NTRIBUTING TO E	DEATH BUT NOT RELAT	TED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 10	, 0
ene prior	CERTIFICATION	190 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATION WAS PER	FORMED	The Autopsy?	IN CER	YES, WERE FINDING CAUSES YES X	
Mental-transit per Mental Hygiene pr or Hem 18 shows		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	(16)	A. MONTH DA	YEAR 19	'INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM I	18 PART I OR PART 2)	
ond Mer	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE C		211 LOCA	TION	CITY	OR TOWN	COUNTY	STATE
ar use as if Health		220.1 certify the (1) sow the decease above (1) well	his hospi	16	V	ond that in(Im	ny) (our) opinion	, to death accurred on t	he date and h	nour and from the	that (I) we) last
ot Direction of the Direction of the Dept of the Direction of the Directio		22b. SIGNA URE	rejudid no	t) view the bedy	Quedo	DEGREE MO	ATTENDING PHYSICIAN P	MEDICAL DIRECTOR P	STAFF	1/9	186
shauld be deta with the State I MPORTANT: If		22d PHYSICIAN'S NA		FRIEON	DAN M	22e ADDR	RESS	ARVEL CT		SIDN MS	)
<del>5</del> 3 ₹		URIAL, CREMATION, I SPECIFY)  Cremat		23b. DATE 1/9/86		AME OF CEMETERY O		23d LOCATION ORY Sali		, Wicomi	co, Md.
16 60M 7/B4	24 FU					ne <sub>08</sub> 21613				ISTRAR'S SIGNAT	



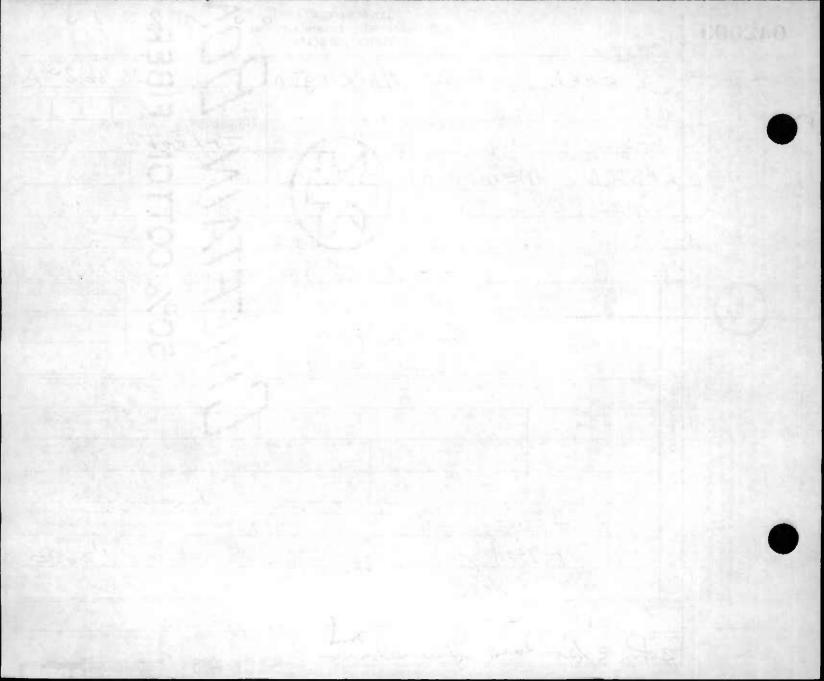
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	FOR
-	STATE
	DECISTRAD

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

							REG. N			
	CEASED NAME	FIRST		MIDDLE	. / 1	LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOU
(TIPE	EA	RI		Francis	HI	appington	1000	1 ~	25 86	23
3. SE	X		4 RACE	7	5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
- N/	lale		White		MONTH	13 YEAR	60	Mac	MONTHS DAYS	HOURS
	RTHPLACE (STATE OR F	FOREIGN		WHAT COUNTRY?	R		9. BALTIMORE CITY	YRS.	Y OF DEATH	1
<	COUNTRY		USA			D X NEVER MARRIED	TA1	RAT	-	
	laryland	ATH	-		WIDOWE G HOME (	DR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND	OF BUSINE
E	boton			H FACILITY, GIVE STREET A		Lochital	TYPE OF WORK FOR MOST		IFE) INDUSTRY	
USU	AL RESIDENCE (IF NURS	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE RECORE	ADMISSIONI	TOSPITAL	painter		a	uto
13a S	STATE	136 COUN	TY 1	13c CITY OR TOWN	V	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	E	04600
-	laryland	Car	oline	Greensb	oro	YES X NO   15 MOTHER'S MAIDEN NAM	205 Maple	Ave.		21639
7"	ATHER'S NAME FIRST	A	MIDDLE	LAST		FIRST	WIDDLE		L/	ST
1	Earl			Harringto	n	Mildred	11.75	I	<u>Baynar</u>	<u>b</u>
	WAS DECEASED EVER		WED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDF	RESS		
n	10			218-20-3	945	Genevieve I	Harrington	Gre	ensboro	o, MD
	18 CAUSE OF DEAT	H (Enter anl	y ane cause per	line for (a), (b) and	1(c.)	1 //	1		APPRO BETWEEN	MATE INTE
	PART I. DEATH W		D BY: E CAUSE (a)	ardio	resi	regatory W.	rest			600
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			DUE TO, O	R AS ACOMSEQUE	NEE OF	11.				
				11-11-1	171	( A) TILLE.				
	Canditions, if any,		(b)_	Hepa	ne	coma		3-4		
	Canditions, if any, gave rise to imm cause (a), statin	mediate	(b)	P AS A FONSEOUE	NCE OF	coma 1.	•			1
	gave rise to imm	mediate ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	's Circle	Tus		Y	23
	gave rise to imm cause (a), statin underlying cause	mediate ng the lost.	(c)	Maen	nec	s Circle	TZLO	ADITION GI	VEN IN PART 1	73
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ATION	gave rise to imm cause (a), statin underlying cause	mediate ng the lost.	(c)ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YE	S, WERE FIND	INGS USER
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DHMH - 16 60M 7/84



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND STATE OF MARYLAND BEPARTMENT OF HEALTH AND MENTAL HYGIENE

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' '	REGISTRAR		CERTI	FICATE OF DEATH		REG. NO.		
	CEASED NAME FIRST	WIDDIE		LAST	2a. DATE OF		DAY YEAR	2b. HOUR
(TYP)	Harry Han	pton Hepbron			Jan.	15,	1986	5:45A A
3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	
1	Male	White	Fe	b. 27, 1902	83	YRS	S.	HOURS MIN.
70.8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED		RE CITY OR COUN	ITY OF DEATH	
	Maryland	U.S.A.	WIDOW			albot_		MD
1	Easton	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  METIDIAN - T	he Pi	nes	TYPE OF WORK	OCCUPATION FOR MOST OF WORKING ERMAN		OF BUSINESS OR
	STATE III 60		WN	136 INSIDE CITY LIMITS?	13e.STREET A	DDRESS / ZIP CC	DDE 661	
In F	Maryland ATHER'S NAME	Kent Rock Ha	TT.	15 MOTHER'S MAIDEN NA	MF	213	001	
0	Harry H. Hepbr	MIDDLE LAST		Laura Jewe		WIDDIE	Į A	AST
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS		21661
		ter WW I 215-18-	4932	Susan Brice	Rt.	2 Box 49	Rock	Hall, MD
	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), a	and (c t.)	1	1		APPROX BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (D) CAN	war.	oscular	desc	المسادي	127	
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQ	UNCE OF	mic has	carole	Noso.	Il no-	e 10
CATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WERE FINDI	
1=					YES 🗌	NO	YES	NO [
AL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM I	18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	- II	CITY OR TOWN	COUNTY	STATE
		pital) attended the deceased from		nd that in (my) (our) opinion		on the date and h		that (I) (we) last
	22b. SIGNATURE	not) view fhe body after deoth,		DEGREE ATTENDING PHYSICIAN D	MEDICAL	STAFF PHYSICIAN	22c. DATE	SIGNED - P &
23a.	22d. PHYSICIAN'S NAME (TYPE)	B. Janche		22e ADDRESS	Cons	neres		
	Burial	01-18-86 We	esley	Chapel Cemeter	ry Roc	k Hall,	Kent	MD
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	M. Janche 236. DATE 236	NAME OF C	Chapel Cemeter	23d. LOCA CITY O	k Hall,	Kent	M

DHMH - 16 60M 7/B4 (VRA 15, 4)

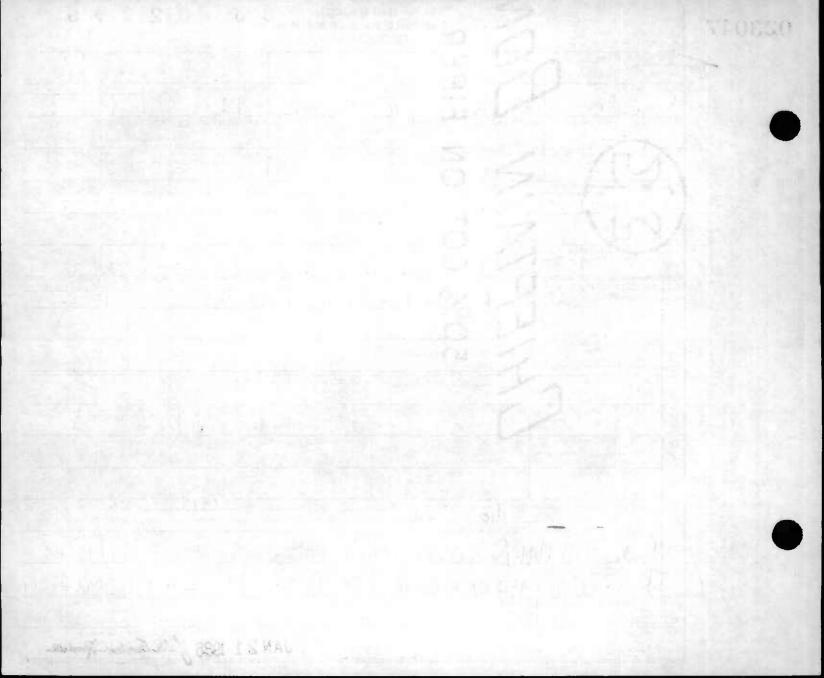
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

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4	by the majorial of attentioning physician. DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fun- se detachted for user who certificate having beauti. Then please remove carbon papers, Pager 1 and 2 should be filled within Trains Deed of Health and Manari Humanda and a housing creaming a removal.
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OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours on	by the majorial of attentioning physiologic ERAL DIRECTOR. After this certificate has been signed by the attending physics and additional to and the busine formation the plants. Then plants are more established stants Deed of Health and Manual Hussies and in housing community.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

047		<pre>lm G612 item 13a,b FOR STATE</pre>		MENT OF H	E OF MARYLAND JEALTH AND MENTAL HYG	B 6	0 2	9 9	5
	T DE	REGISTRAR CEASED NAME FIRST	WIDDLE		AST	REG.		AY YEAR	2b HOUR
8 - 15		OR PRINT)	ATKINSON						
page 3	3. <u>SE</u> .	Myra	4. RACE	5. DATE C	lings OF BIRTH	Jan.	3.5	1986	4:30AM
um after. p	4	and	white	MONTH	30 1893	92	YRS.	ONTHS DAYS	HOURS MIN,
2 10/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_		1111
1 4	_	Yew Jersey	USA  11. NAME OF HOSPITAL, NURSIN	WIDOWE		12a. USUAL OCCUP.	Talbo		MD.
CIO		aston	(IF NOT IN SUCH FACILITY, GIVE STREET Meridian - Th	ADDRESS)	•	Housew	ST OF WORKING LIFE	INDUSTRY	BOSINESS OR
6/	13a.	ALRESIDENCE (IF NURSING HOME OR STATE 134 COUNTY TALB	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		13e.STREET ADDRES		do /21654	999
Acc	1		MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE WIDDLE		LAST	***
CM/		Albert Wi	est Atkinso		Mary	ATO		oldy_	
17	(	(ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)				85 133	34.7 0	17.651
4	NO				Jean H. Wr:	ight U	xford,		
ent, 1		PART I. DEATH WAS CAUSE		m Q	0114 4 4 0 4 4 4 4 4			BETWEENO	NSET AND DEATH
lic es		IMMEDIAT	E CAOOL (a)		ellemonne			100	ang.
ound comp		Conditions, if any, which	DUE TO, OR AS ACONSEQUE	ENCE OF	in's Dis	0,00			V
other tro		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF					
ury, or	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 110	
100	FICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
1	TIE					YES NOT	YES		NO [
9	AL CE	21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	110	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IT	njury in item 18 Pa	RT   OR PART 2}	
ked or it	MEDICAL	21d. INJURY OCCURRED  WHILE OOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
mar			tal) attende# the deceased fram_				5	986 , 11	hat (1) (we) last
5 75		saw the deceased alive an abave, (1) () (did) (	1) view the bady after death	. ar	nd that in (my) (aur) apinian a	leath accurred an the	date and have	and fram the c	auses stated
lept.		221 SIGNATURE	New me body unter death.		DEGREE			22c. DATE S	IGNED
2 to 10 to 1		22 PHYSICIAN'S NAME (TYPEO	Mellanela	IN	ATTENDING PHYSICIAN 1	MEDICAL S	TAFF SICIAN 🗌	1/1/15	186
PORTANT	3	ROBERT IVI.	Mard OMALD.	NA.	30 DONE	R ST, 1	= ASTO	N. MG	1,21601
1/3+	23a E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION			STATE
	CI	emation	1-16-86 Sa	lisbu	iry Cremator	v Salis	bury W	icomic	o Md
OM 7/84	24 F	JNERAL DIRECTOR	ADDRESS		25a. DATE	REC'D. BY REGISTRA	AR 25b. REGISTR	AR'S SIGNATU	IRE
4)		Newnam Fune	ral Home, Ea	ston	Md. JAI	N21 1986	Julia de	ridson-ha	MARIE.



BALLIMOKE, MAKTLAND 21201	to be executed within 2a haors after	position and completely filled in by the popular Pages 1 and 2 simulation filled with the medical pages in the medical pages may be medical pages in the med
DIVISION OF VITAL RECORDS, 201 W. PRESION 51., BALLIMORE, MAKTLAND 21.201	10 HOSFITAL OR ATTENDING PHYSICIAN. The low requires that the death contemps to executed within 24 hours affer estatuted by the hospital or otherdring physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the other ding page oil and completely filled in by the should be detached for use at the build-transit permit. Then please remove author-popular Pages 1 and 3 significates filled we will the State Deet of Health and Mental Hygienia prior to buriet, cernation. Sentond.  WPORTANT: If them 21 is marked or them 18 shows any views, or other transmits event, the nedical parameter gradue market.
	10 HOSFITAL OR ATTENDING PHYSICIAN, The low retrined by the hospital or attending physician.	TO FUNERAL DIRECTOR, After should be detected for use as the off the State Dept. of Health as WPORTANT, if them 21 is market

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND 8 6	0	2	9
DEPARTMENT OF HEALTH AND MENTAL HYGIENE			
CERTIFICATE OF DEATH	REG NO		

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE REG. N	4O		
	I. DEC	CEASED NAME	FIRST		MIDDLE	LLS	AST	20. DATE OF DEATH  January	MONTH	DAY YEAR	26 HOUR44
-	3. SE)	Cage	14	RACE	•	5. DATE C	DE BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 21 HRS.
1	1	Male			ite	MONTH		59	YRS	MONTHS DAYS	HOURS MIN.
5	, (	RTHPLACE (STATE OR- COUNTRY)  armony, Md		U.S	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	DR COUNT	TY OF DEATH	MD.
7	1	EaST OF	1	(IF NOTHINGUE	MOTION	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Truck Driv	OF WORKING		of Business or
5	13a. S	at residence (IF NORS STATE aryland	136 COUNT	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Preston	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS Rt. 2, Bo			1655
1		enry Hicks		IDDLE	LAST		15. MOTHER'S MAIDEN NAME Florence K	MIDDLE		LAS	ST .
2		VAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 218-20-7		Mrs. Betty	ADDR Hicks, Rt.			Preston,
7	CERTIFICATION	gave rise to improve to improve to the course to the cours	ng the last NIFICANT CO	onditions <u>co</u>		DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF Y	ES, WERE FINDIN	NGS USED
	ERTIF	21g. ACCIDENT WAS UN	DERIVING 🗖	216. TIME O	AF IN HIDY		21c. HOW INJURY OCCURR	YES NO	١	YES 🗌	NO 🗌
1		OR CONTRIBUTING	CAUSE OF DEATI	110110	M. MONTH DA	YEAR	THE HOW INJURY OCCURR	CED (ENIER NATURE OF INJU	JRT IN HEM 10	S PART I OR PART 2)	
	MEDICAL	21d, INJURY OCCUR	RED	21e. PLACE			21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		220.1 certify that (1) saw the deceas above, (1) (we) (	ed alive an_		19	, ar	nd that in (my) (aur) apinion o	, ta death accurred on the d	late and ho		that (1) (we) last causes stated
i		22b. SIGNATURE	5. W-	Zi-		M	TITISICIAIT	MEDICAL STA	IFF CIAN 🗌	1/23	SIGNED .
			LYLI	N N			215 BLOOMI		FE	DERALSBU	1RG. Md.
	. (		removal	Jan.			emetery or crematory and Vet. Com.	23d LOCATION CITY OR TOWN Hurlock,		county hester.	STATE Maryland
	24 FL	ROMOHOM-	Hard	in S Ravil	ADDRESS ADDRESS	BLOC	M 2163 ANA	58 1986 STA	RIL ROOM	Hillip Consider	UKE 1

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# STATE OF MARYLAND

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	1 -	STATE RECISTRAR			DEPARTA		ICATE OF DI			EG. NO.		
		CEASED NAME	FIRST		WIDDLE	į.	AST		20. DATE OF DE	ниом НТА	DAY YEAR	2b HOUR
7	TYPE	OR PRINT)	MET	TIE	Н.		HILL			01-0	6-86	9:16 P M
	3. SE)	emale		cauca		5. DATE C		YEAR 25	6. AGE (IN YEARS)	YRS		# UNDER 24 MRS HOURS MIN.
2	(	RTHPLACE (STATE O COUNTRY) arvland	R FOREIGN 7	USA	WHAT COUNTRY?	MARRIE!	NEVER M.	ARRIED  ORCED	9 BALTIMORE C	OR COUN	TY OF DEATH	
3	10 CI	ity or town of de Laston		Easto	HOSPITAL, NURSIN CH FACILITY, GIVE STREET N Memor	IGHOME C	R OTHER INSTI	TUTION	120 USUAL OCC (TYPE OF WORK FOR House	MOST OF WORKING	126. KIND C INDUSTRY	MD OF BUSINESS OR
6	13a. S	at residence (# NU state aryland	136 COUNT	TY	131 CITY OR TOW Easton	N	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDI 22 Lyn	RESS / ZIP CC brook	Terrac	e/21601
0		THER'S NAME FIRST ETNON	F <sup>^</sup>	IDDLE	Howard		15 MOTHER'S.	MAIDEN NAM E <b>lia</b>	WIE	DDLE		kers
		VAS DECEASED EVE YES NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	216-14-		Willia			™%0° E. Easto		St. 21601
The second second		Conditions, if an gave rise to in cause (a), statunderlying cause	WAS CAUSED IMMEDIATE y, which nmediate ing the	DUE TO, O	R AS A CONSEQUE	NCE OF	myoc	ardi	al inf	Paritu	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
,	NO	PART 2 OTHER SIC	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO E	Non		O THE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN PART 11	a
V	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY	IN CER	YES, WERE FINDING TIFYING CAUSES YES [	
7	- 1	210. ACCIDENT WAS US OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH		DF INJURY M. MONTH DA M.	Y YEAR	21c HOW INJI	URY OCCURR	ED (ENTER NATURE (	DF INJURY IN ITEM 1	8 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION	4	CITY	ORTOWN	COUNTY	STATE

22e ADDRESS

220.1 certify that (1) this haspital) attended the deceased from

0-1-06 saw the deceased alive an O-1-00 abave (1) we) (did (did nat) view the bady after death

1-10-86

never M.D.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

and that in (my) aur) apinian death accurred on the date and have and from the causes stated

22c. DATE SIGNED 01-06-86

Robert W. Trever, M.D. 230 BURIAL, CREMATION, REMOVAL Burial

RD3 Box 297 23c NAME OF CEMETERY OR CREMATORY

Easton Md. 21601

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

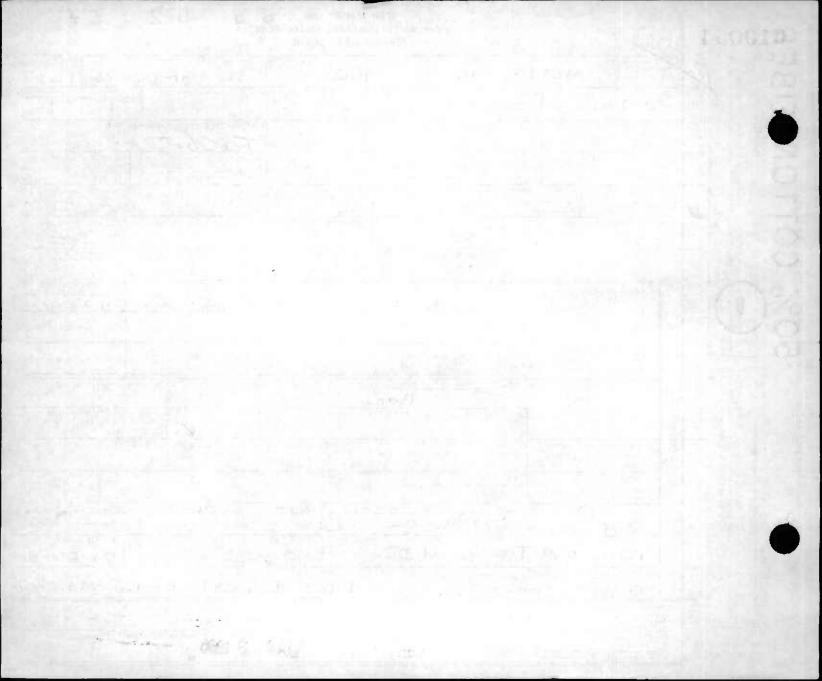
DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: #

24 FUNERAL DIRECTOR Newnam Funeral Home

Easton, Md.

Easton Mď. Talbot Spring Hill Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



Denton Cemetery

Denton

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Caroline

MD

19/86

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Burdal 1/13/86 Denton Cemetery Denton Caroline in

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physicion. by the attending physicion and a

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, ar ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

DHMH - 16 60M 7/B4 (VRA 15, 4)

deoth. Page 4 may be 3133

# FOR STATE

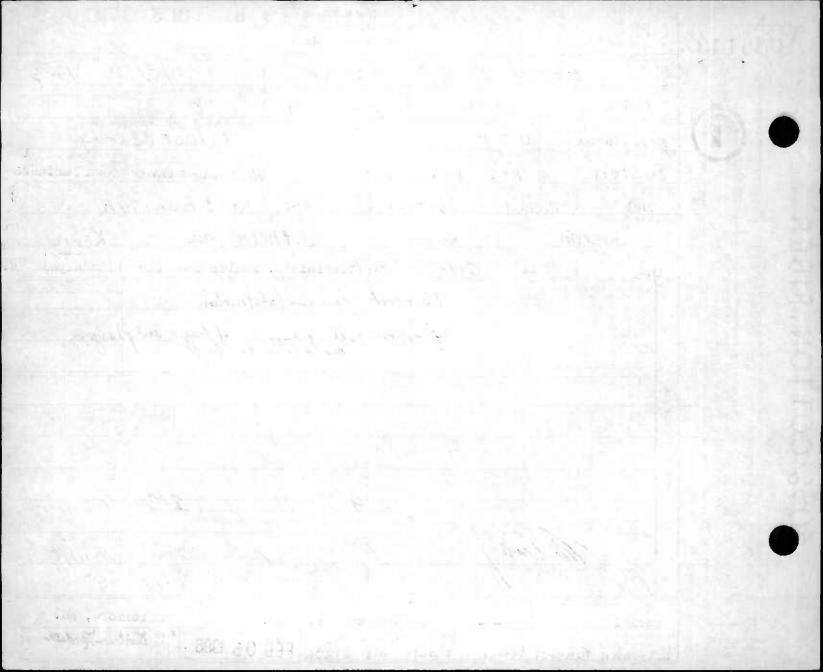
## STATE OF MARYLAND BEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE OF MARYLAND

6	- 11	2	1.3	14	
IE O		6-	1		

-1	· ·	REGISTRAR		CERTI	FICATE OF DEA	TH	R	EG. NO.		
1		CEASED NAME FIRS	T MIDDL	E	LAST		20 DATE OF DEA		DAY YEAR	2b HOUR
-	(TIPE	Leona	l .	C Ja	ckson		Jan.	5, 1	986	1:40AM
ı	3 SEX	X	4 RACE		OF BIRTH		6. AGE (IN YEARS	<u>-</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	-e malo	Black	K NON	1 OG	1892	93 yr	S.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8		1112	9. BALTIMORE C			
)	9	Many land	1 11.5.	7 MARRII	ED NEVER MAR		T	albot		MD.
	10 C1	ITY OR TOWN OF DEATH		PITAL, NURSING HOME			12a USUAL OCC	UPATION	12b. KIND (	OF BUSINESS OR
H		Easton	Meridia	in - The P	ines		(TYPE OF WORK FOR	MOST OF WORKI	4G LIFE) INDUSTRY	
7	USU/	AL RESIDENCE (IF NURSING HO		RESIDENCE BEFORE ADMISSION	13d INSIDE CITY L	LIANITES I	13e STREET, ADDI	DECC 4 71D C	ODE	21601
9	71	Bryland 7	albot E	gskn	YES NO		17# 1	Box	649	1001
7	14. FA	ATHER'S NAME	MIDDLE		15. MOTHER'S MA	AIDEN NAM				
4		Andre	middle (	ampen	Ann	ie	MIC	DOLE	14011	15
		VAS DECEASED EVER IN U.:	S. ARMED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT		, ,	ADDRESS		
	'	WA	NA		Sames	m	andine.	nell		
			ter only one couse per line	for (a), (b), and (c)	/			لے	APPROX 8ETWEEN	ONSET AND DEATH
		PART I. DE ATH WAS CA	AUSED BY. EDIATE CAUSE (0)	CVA	with	1/-	sund	0		
			DUF TO OR AS	A CONSEQUENCE OF	, ,	0	1			
		Conditions, if any, which	th ( (b)	A	ulla	1 la	ley			
		gove rise to immediate cause (a), stating the	-	A CONSEQUENCE OF						
		underlying cause los	it. (c)							
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PART 1	ō
	CERTIFICATION	1/ne	umme							
	ICA	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY		YES, WERE FIND!	
	RTIF		The state of				YES NO		YES 🗌	но 🗆
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	1100100 1 11	JURY MONTH DAY YEAR		Y OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART   OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		19						
1	AED	21d INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY, OFFICE FARM ETC.)	211 LOCATION		CIT	ORTOWN	COUNTY	STATE
١	~	AT WORK NOT WHILE								
		22a.1 certify that (1) (this	1	- /		0 85				that (1) (we) last
		sow the deceased alive above (V (we) (did) (did)	id ngt) view the body after	19 86 , o	nd that in (my) (our	r) opinion de	eath occurred an	the date and	hour and from the	couses stated
		22b. SIGNALUM		1	DEGREE			07.55	1	SIGNED
		allel	uch 1			SICIAN	MEDICAL DIRECTOR P	HYSICIAN [		
		22d PHYSICIAN'S NAME (	TYPE OR PRINT)		22e ADDRESS	70				
		1405.6195		neet	Cask	on, in	1102160	1		
		SPECIFY PEMATION, REME	VAL VIA DATE	23c NAME OF	SMETERY OR CREA	MATORY	23d. LOCATION		COUNTY	STALE
		Durial	1/11/8	6 Unio	nvelle.		Easter		TH	mo.
	24 FL	JNER AL DIRECTOR	,00	1/Louis O	1		REC'D. BY REGIS		SISTRAR'S SIGNAT	TURE

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	۱-	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY FIFICATE OF DEATH	3 6 0 3 REG. NO.	0 0 0
		CERGEDITANTE	enry L	leorge	Kahler	20. DATE OF DEATH MONTH	186 1255 M
26	3. SE	male	4. RACE White		E OF BIRTH  5 - 23 - 17	6. AGE (IN YEARS LAST BIRTHDAY)  A B YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Y	n	RTHPLACE ISTATE OR FORES	U.S. A	WIDO	RIED MEVER MARRIED DIVORCED	Talbot Co	
l	8	aston	R+1	BOX 174	A	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF RESTAURANT OWNER	12b. KIND OF BUSINESS OR INDUSTRY Own Business
35	13a. S	md.	Talbot	GIVE RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO S	130. STREET ADDRESS	74A 24401
TU		THER'S NAME FIRST JOSEPH	WIDDLE	Kahler		relmina	Kern
1	- 9		J.S. ARMED FORCES? YES, GIVE WAR OR DATES) WW 11	219-05-59		ADDRESS Kahler 8340 Old	Philadelphia Rd.
	NOI		ote (b)	R AS A COMSEQUENCE O	s (all green	to Tury	Pharyy,
9	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERA		YES NO YE	S, WERE FINDINGS USED SYING CAUSES OF DEATH? SS NO
G	S S	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	E OF DEATH HOUR A.	m. Month day ye m, 1		RRED (ENTER NATURE OF INJURY IN ITEM 18. P	
	MEDI	WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this	s hospital) attended th	ed delegated from	9/2/ 1981	city or town	19 , that (I) (we) lost
		sow the deceosed of obove, (I) (we) (did).  22b. SIGNATURE	did port view the body	ofter death.	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and hou	22c. DATE SIGNED
1		MCMOL MCMOL	D. Chou	ly, mo	Lastor	, Md allol	
		BURIAL, CREMATION, REA (SPECIFY) Burial	10VAL 23b. DATE		F CEMETERY OR CREMATORY		timore, Md. STATE
	24. FI	UNERAL DIRECTOR NAME ASSALLN Fun	etal Home	7401 Bel	Mp. 21236 FE	TE REC'D. BY REGISTRAR TO REGIS	RAFIS SIGNATURE



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	,	FOR Film G61		6
020314	$\mathcal{F}$	STATE 4/10/86 REGISTRAR	rja	
2 7 to	I. DEC	CEASED NAME OR PRINT)	FIRST RO	ger
4 voy by page or page	3 SEX	(	4	. RAC
Page 4 not director p hours after		Male		
death. Page uneral direct inn 72 hours	(	RTHPLACE (STATEORI COUNTRY)  Maryland	OREIGN 7	b CITI
70	10 CI		(TH 1	1. N/
323	5U/ 13a, S	AL RESIDENCE (IF NURS	ING HOME OR O	
AND S	_	aryland	Q.	A.
marylicampletel	) G	THER'S NAME FIRST BORGE MARS	heck	DDLE
be exect	()	VAS DECEASED EVER (es. no or unknown) NO	(IF YES, GIVE	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21 retained by the haspital at attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely life that should be detached for use as the burial-transit permit. Then please remaye carbon papers: Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remaye carbon papers: Pages 1 and 2 should be state Dept. of Health and Mental Hygiene pricar to burial, cremation, or remayor.  IMPORTANT: If them 21 is marked at them 18 show any injury, at other traumatic event, the medical example must be read to the control of the con	MEDICAL CERTIFICATION	COUSE (0), stoting underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCURI WHILE NOTIFY MEDI 22a.1 certify the (I) sow the decess obove (II) we Let 22b. SIGNATURE  22d. PHYSICIAN'S N.  URIAL, CREMATION.	which mediate go the lost NIFICANT COLOR CAUSE OF DEATH CALEXAMINER) RED THIS HOSPITCE COLOR CALEXAMINER) RED THIS HOSPITCE COLOR CALEXAMINER) RED THIS HOSPITCE COLOR CALEXAMINER COLOR CALEXAMINER COLOR CALEXAMINER COLOR CALEXAMINER C	DU DI DIT I I I I I I I I I I I I I I I I
BP	(100	SPECIFY) Burial		01

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR Film G61 STATE 4/10/86 REGISTRAR		6	DEPAR	TMENT OF I	TE OF MARY HEALTH AN FICATE OI	D MENTAL HY	(GIENE	6 O	3	0 0	2
CEASED NAME	FIRST RO	ger , M	DDLE Wilb	urt	Ma:	rSheck	2a.	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 20
R	0981	h		111	Arsh.	eck			1-10	7-06	1 SAM
Х	4	RACE			OF BIRTH		6. A	GE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
Male		Whi	te	July		1902		84 83	YRS.	MONTHS! DATS	HOURS MIN.
IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF W	HAT COUNTRY	? 8 MARRIE	ED MEVE	R MARRIED	9 B	ALTIMORE CITY	R COUNTY	OF DEATH	
Maryland		U.S	A.	WIDOW		DIVORCED	- 1	TAIL	01		MD.
ITY OR TOWN OF DE	ATH 1	1. NAME OF H	OSPITAL, NURS		OR OTHER IN	NSTITUTION		USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
-ASTON		(IF NOT IN SUCH	ROCA	-	pital		C	& P Tele			
AL RESIDENCE (IF NUR	13b COUNT	Y	13c. CITY OR TO	WN	13d. INSIDE	CITY LIMITS?		STREET ADDRESS		216	610
laryland	Q.	A.	Cheste	r	YES 🔀	NO 🗌		t. 1 Box	252	210	319
ATHER'S NAME FIRST		IDDLE	LAST			R'S MAIDEN N		WIDDIE		LAS	5T
eorge Mars						aisie M	lars				
WAS DECEASED EVER		WAR OR DATES	16b SOCIAL SEC	CURITY NO.	17. INFOR	MANT		ADDR	522		
No			212-03-	6733	Dor	othy V.	Ma	rSheck	same	as abo	IMATE INTERVAL ONSET AND DEATH
Conditions, if ony gove rise to im couse (0), stori underlying couse	IMMEDIATE  r, which mediate ng the e last	DUE TO, OR  (b)  DUE TO, OR  (c)  DEPTITIONS CO	-	UENCE OF	SONGE DIL ATE T NOT RELAT	os Carsi	HEX	40PATHY	UNE	1+	4RS.
19a DATE OF OPERA	TION	LIGH CONDIT	TAILUR ION FOR WHIC		ON WAS PER	FORMED	1 2	De AUTOPSY?	120b. IF YES	, WERE FINDI	NGS USED
TA DATE OF CITE		1,000							IN CERTIF	YING CAUSES	OF DEATH?
21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEAT	P. <i>N</i>	A. MONTH	DAY YEAR				(ENTER NATURE OF INJU		S   PART 2)	NO []
AT WORK - AT WO	THILE		ET, FACTORY, OFFICE		21f LOCA STR	PEET ST	6	CITY OR TO	19	COUNTY	that (I) (we) lost
sow the decease obove (1) we start the signature		view the body o		0/	DEGREE	ny Dour) opinior	n death	h occurred on the d	te and hou	r and from the	couses stated
>	200	1:1	se do	-Mo		ATTENDING PHYSICIAN	BOI	EDICAL STA		1/	10/86
22d. PHYSICIAN'S N	0	FRIE	man	Jan.	270 ADDE				9	N MS	
BURIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF	CEMETERY	RCREMATORY	1 2	23d. LOCATION		COUNTY	STATE
Buria	1	01-13-8	36	Woodl	awn Ce	metery		Woodlawn	E	Balt.	STATE
UNERAL DIRECTOR					21619	125a DA	ATE RE	C'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	TURE
NATion Hel	lfenbei	in Funer	al Home	Ches	ster,	Md.	ΔN	1 6 1000	1. 9: 0	Ele 1	

SUR! AT LOUIS BURNING PARTY TAHAT ... AASE DEFECTAL State Season T. . Ta rando VIII benferes overall a party V. in Sink k property of the control of mentional year oot mention a - 1-to Integra

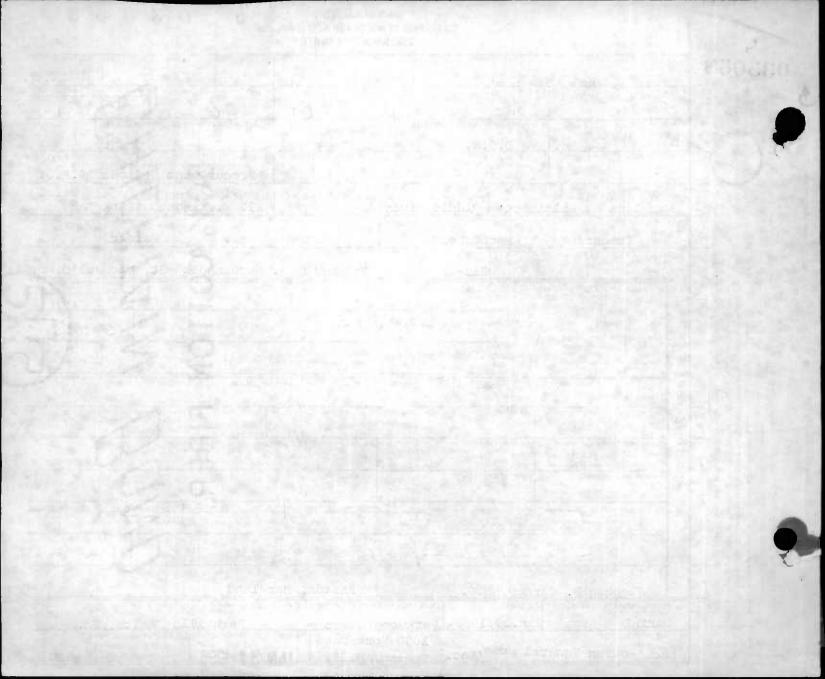
1	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYG	S 6	0 3	0 0	) 3
OPTOCA		CEASED NAME	FIRST		MIDDLE	ı	AST	71	20. DATE OF DEATH		DAY YEAR	26 HOUR
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de 4 mo	1 SE	Fenale.	4=13	1. RACE Unite	,	5. DATE C	F BIRTH	69	6 AGE (IN YEARS LAST E	YRS.	MONTHS DAY	
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A State	13a	Maryland  ATHER'S NAME	136 COUN		13c. CITY OR TO		134 INSIDE CHT YES 15. MOTHER'S	NO X	13e STREET ADDRESS 112 W. K.			21220 Lane
11/3	0	Frede	rick		denholz		Ma	artha	E.	G	eiser	LAST
1000		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b. SOCIAL SE 213-09-		Freder		Nordenho		. Mich	ael's,Md.
ulies that the death certifical signed by the attending physical price common contampos o buried, cremonic cerents, or other traumanic events.	Z	18 CAUSE OF DEAT PART I. DEATH V  Conditions, if ony gove rise to im couse IoI, statiunderlying couse Part 2 OTHER SIG	, which mediate ng the e last.	DUE TO, O    DUE TO, O    DUE TO, O	R AS A CONSE	QUENCE OF	P		INAL DISEASE OR CO	NDITION GIV	5	OXIMATE INTERVAL NONSET AND DEATH ONSET AND DEATH ORY
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O PUNERAL DIS CONTRERAL DIS CONTRERAL DIS CONTRE STORE DIS CONTRAIT, IS IN		22d. PHYSICIAN'S N	AME ITHE S	he P-	Can	gr	O AT	-	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []		28-86
TO HOSPIT reformed by TO FUNER should be a with the Sta		BURIAL, CREMATION		arney,		3 NAME OF C	East EMETERY OR CR	on, Ma	23d LOCATION			
BP		Burial		Jan. 29	,1986	Parkwoo	d Cemete	erv	Parkvi	lle B	alto.	Md.
DHMH - 16 60M 7/84	_	UNERAL DIRECTOR	-		40006	1050 Y	ork Roa	d 250 DATE	REC'D. BY REGISTRA	R 25b. REGIST	TRAR'S SIGN	ATURE

Parkwood Cemetery
ADDRESS 1050 York Road 2

Ruck Towson Funeral Home, Inc. Towson, md. 21204

DHMH - 16 60M 7/84

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21,201

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TO FUNERAL DIRECTOR, AM Mould be detached for use as with the State Dept. of Health

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR = STATE REGISTRAR DEF

STATE OF MARYLAND	n	3	13	0
PARTMENT OF HEALTH AND MENTAL HYGIENE		•	-	~
CERTIFICATE OF DEATH	 			

1	DECEASED TATEVELLE	in Valley "	Frances	AST Pentz	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR DS
1	1 SEX	LEY /	5. DATE (	CNTY	6. AGE/IN YEARS LAST BIR	PU 21 PISE	IF UNDER 24 HRS
ľ			MONT	DAY YEAR	81	MONTHS DAYS	HOURS MIN.
ŀ	Female  THE BERTHPLACE (STATE OR FORE)		VHAT COLINITAYS 8			YRS. PROUNTY OF DEATH	
1	COUNTRY)		MARRIE	D NEVER MARRIED	TO I	L L	
4	Maryland  O CITY OF TOWN OF DEATH		S.A. WIDOWE		12a USUAL OCCUPAT	ION 126 KIND C	MD. OF BUSINESS OR
1	EASTON	1 ///0	FACILITY, GIVE STREET ADDRESS)	OSpitAL	Seamstre		
1	USUAL RESIDENCE (IF NURSING 13)  Maryland	COUNTY  Queen Ann		134 INSIDE CITY LIMITS?	Rt. 1 K-6		38
1	FATHER'S NAME			15. MOTHER'S MAIDEN NA	AME		
4	Alonza Her	ndlev	LAST	Susie Fre	shour	LAS	ΣT
Ť	160 WAS DECEASED EVER IN L		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS Maryland	21638
ł	No No	F TES, GIVE WAR OR DATES)	216-09-4721	Jeannette T	Hmms, Rt.	1 K-1 Gr	asonville
ľ	PART I, DEATH WAS	nter only one cause per	ine focial, (b), and ici			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ı		MEDIATE CAUSE (0)	Fnerma	ny		3 .	Days
١		DUE TO, OR	AS A CONSEQUENCE OF	1. + 1 0	1.	41	John Solo
ı	Conditions, if any, what gove rise to immedi		confession	man face	an		
١	cause (a), stating	.1	AS A GONSEQUENCE OF	.D		>	10 yrs
ı		CANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	a
1	OI.	Dealui	- mellita				
	TIME DATE OF OPERATION	N 196 CONDI	ION FOR WHICH OPERATIO	n was performed	20a AUTOPSY?	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	NGS USED 5 OF DEATH? NO
	00 50 1170 0110 0 0 0 110			21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
ı	(IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	OF DEATH					
ı	21d INJURY OCCURRED	21e PLACE C	OF INJURY ET, FACTORY OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ı	AT WORK AT WORK			7,	1/2	96	
ı	220.1 certify that (1) (the sow the deceased o	- //	20	nd that in (my) (aur) apinion	, 10		that (1) (we) last
ı	abave, (I) (we) (did)	(did not) view the body o	itter death.	DEGREE	dedili occorred on the de	22c DATE	
ı	THE STOTATORE	with PE	Denne Camo		MEDICAL STAI		1-EC
H	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	9	22e. ADDRESS	DIRECTOR   PHYSIC	.IAN []	
ı	Stephen P	Cannov	C-17021- LV	Facton !	Maryland		
†	230 BURIAL, CREMATION, REA		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
1	(SPECIFY) Burial	01-23-		n Cemetery	Easton	Talbot	MD
1	24 FUNERAL DIRECTOR		The section of	25a. DA		256 REGISTRAR'S SIGNAT	URE
1	Tom Helfenbe	ein Funeral	Home Chester	MD 216 9A	N29 1986	was mendany Ma	ndelle

			Frances		
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lyapaga (-)	· Parama	er oursel	/ PST H-26- /_	0,	
			17 - PS		
			a sa casa An in As		
			a sa casa An in As		

# STATE OF MARYLAND

DEPAR	CERTIFICATE OF DEATH	REG. NO.			
	Pratt	2ª DATE OF DEATH MONTH	DAY 3	86	146 PM
ite	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 72	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.

3. SEX 4 RACE wh female G BIRTHPLACE ASTATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY?

MIDDLE

MARRIED A NEVER MARRIED DIVORCED

9. BALTIMORE CITY OR COUNTY OF DEATH

USA WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Home Homemaker

Maryland	Caroline /	H	illsboro	
a STATE	13b COUNTY	/ 13c. CI	ITY OR TOWN	
WAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	WEIVE RES	SIDENCE BEFORE AD	MISS

MIDDLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

220-05-0575

13d INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE Main Street

21641

14 FATHER'S NAME FIRST Arlie

(YES. NO OR UNKNOWN)

Delaware

352

FOR - STATE

(TYPE OR PRINT)

REGISTRAR DECEASED NAME

> LAST Lynch 166 SOCIAL SECURITY NO

Margaret 17 INFORMANT

Mary E. Edwards

ADDRESS Henderson, MD

Simkins

no 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES NO	YES	NO 🗌
21 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
216 INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR FO	wn COUNTY	STATE

sow the deceased live on above, (1) (we) (did) did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE

DEGREE ATTENDING UD

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

MD STATE

224. PHYSICIAN'S NAME (TYPE OR PRINT) C. R.W. BAn 22e ADDRESS

Th, 2160

23d LOCATION CITY OR TOWN

23a	BURIAL,	CREMATION,	REMOVAL	2
	(SPECIFY)			П
	buri	al		L

3b. DATE 1-7-86

Greensboro Cemetery

23c. NAME OF CEMETERY OR CREMATORY

CA Greensboro

24 FUNERAL DIRECTOR

Boulais Funeral Home Greenshore

ADDRESS

DHMH - 16 60M 7/B4 (VRA 15, 4)

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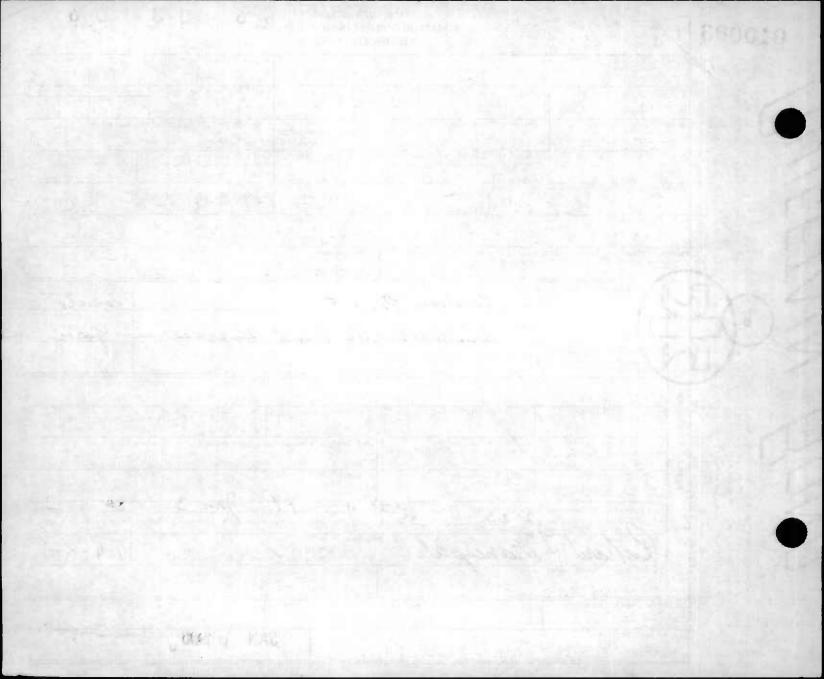
Level 15

Note that the same of

outsis fireman in the common of the common o

ly filled in to the feature of rater, page 3 of the be executed within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by thin should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial-greenia WHP ORTANT. If hem 21 is marked or Hem 18 How, any injury, and then the requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

1	STATE REGISTRAR		DEPARTMENT OF HEALTH AN CERTIFICATE OF	FDEATH	REG. NO.		1
	CEASED NAME FIRST	Hilda B.	Price	20 DATE OF D		3:10a	HOUR
3 SE		14. RACE	S. DATE OF BIRTH	6 AGE (IN YEAR			UNDER 24
f	emale	caucasian	MONTH DAY	1900 86	YRS	MONTHS DAYS HO	OURS
7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8  MARRIED   NEVE	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
	Maryland	USA	WIDOWED	DIVORCED   Talbo			
	Easton	(IF NOT IN SUCH FACILITY, O Meridian Nur	., NURSING HOME OR OTHER IN GIVE STREET ADDRESS) Sing Center-The	TYPE OF WORK FO	CUPATION OR MOST OF WORKING LIF EEWife	12b. KIND OF BI INDUSTRY	JSINES
13a.	STATE 13b C		ton 13d. INSID	NO □  312 Gc	oress / zip code	ugh St.	/21
14 F	ATHER'S NAME FIRST	MIDDLE	LAST	ER'S MAIDEN NAME	MIDDLE	LAST	
	Philip	J. Bla		rtha Eliza		Beckwi	
		S GIVE WAR OR DATES)	IAL SECURITY NO. 17, INFOR			rbor Pl	
1	0			garet E. Roe	Easto		216
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er anly ane cause per line for to	clear arres	*		APPROXIMATE BETWEEN ONSE	TANDO
	Conditions, if ony, which gove rise to immediate couse [a], stating the underlying couse last	e DUE TO, OR AS A CO	usselvolie	Heart Bes	ease	Year	13
NOI	gove rise to immediate couse (a), stating the underlying cause last	h (b) As a co	MASSELETOLICE DNSEQUENCE OF	Heart Bes		Year Year Year No PART Year	13
TIFICATION	gove rise to immediate couse (a), stating the underlying cause last	h (b) Alle	MASSELETOLICE DNSEQUENCE OF	TED TO THE TERMINAL DISEASE C	PR CONDITION GIV  20b. IF YES IN CERTIF	S, WERE FINDINGS YING CAUSES OF	
	gave rise ta immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CO  (c)  INT CONDITIONS CONTRIBUT  19b. CONDITION FOI  G	DISEQUENCE OF  ING TO DEATH BUT NOT RELATE  R WHICH OPERATION WAS PER	TED TO THE TERMINAL DISEASE C	PR CONDITION GIV  20b. IF YES IN CERTIF	S, WERE FINDINGS EYING CAUSES OF	DEATH
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CO  (c)  INT CONDITIONS CONTRIBUT  19b CONDITION FOI  G	ONSEQUENCE OF  TING TO DEATH BUT NOT RELATE  R WHICH OPERATION WAS PER  NTH DAY YEAR  19  Y 216 LOCA	FORMED 200 AUTOPS YES N INJURY OCCURRED (ENTER NATUR	PR CONDITION GIV  20b. IF YES IN CERTIF	S, WERE FINDINGS EYING CAUSES OF	DEATH'
	gave rise ta immediate couse (a), stating the underlying cause lost part 2. Other SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (IF EITHER NOTIFY MEDICAL EXAMINATION COUNTRED COUNTRIBUTING NOT WHILE ALL WORK AI WORK 22a.1 certify that (i) (this h	DUE TO, OR AS A CO  (c)  INT CONDITIONS CONTRIBUT  196 CONDITION FOI  196 CONDITION FOI  216. TIME OF INJURY HOUR A.M. MOI P.M.  21e. PLACE OF INJUR (AT HOME, STREET, FACTOR)  100 points) attended the decease	ONSEQUENCE OF  ING TO DEATH BUT NOT RELATE  R WHICH OPERATION WAS PER  NTH DAY YEAR  19  Y  19  Y  21f LOCA  STR  2d from  19  19  19  20  10  11  12  13  14  15  15  16  17  18  19  19  20  21  21  21  21  21  21  21  21  21	FORMED 200 AUTOPS YES N INJURY OCCURRED (ENTER NATUR	20. IF YES IN CERTIF	S, WERE FINDINGS EYING CAUSES OF IS N PART I OR PART 2)  COUNTY	STAT
	gove rise ta immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (HE EITHER NOTHER MEDICAL EXAMINATION OR CONTRIBUTING CONTRIBUTION OR	DUE TO, OR AS A CO  (c)  INT CONDITIONS CONTRIBUT  196 CONDITION FOI  216. TIME OF INJURY HOUR A.M. MOI P.M.  21e. PLACE OF INJUR (AT HOME, STREET, FACTOR  10 AND THE CONDITION OF THE CONDITION	ONSEQUENCE OF  ING TO DEATH BUT NOT RELATE  R WHICH OPERATION WAS PER  NTH DAY YEAR  19  Y  19  Y  21f LOCA  STR  2d from  19  19  19  20  10  11  12  13  14  15  15  16  17  18  19  19  20  21  21  21  21  21  21  21  21  21	FORMED  200 AUTOPS YES   N  INJURY OCCURRED (ENTER NATUR  ATION 1100	20b. IF YES IN CERTIF	S, WERE FINDINGS EYING CAUSES OF IS N PART I OR PART 2)  COUNTY	STAI
MEDICAL	gove rise ta immediate couse (a), stating the underlying cause lost part 2. Other SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (HEITHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTING ALL EXAMINATION OF CONTRIBUTING ALL EXAMINATION OF CONTRIBUTION OF	DUE TO, OR AS A CO  (c)  INT CONDITIONS CONTRIBUT  196 CONDITION FOI  216. TIME OF INJURY HOUR A.M. MOT ALIAN MOT AL	ONSEQUENCE OF  TING TO DEATH BUT NOT RELATE  R WHICH OPERATION WAS PER  NTH DAY YEAR  19  Y 21f LOCA  STR  2d fram  19  2d fram  19  3d fram  19	FORMED  200 AUTOPS YES   N  INJURY OCCURRED (ENTER NATUR  TION REET   O  ATTENDING   MEDICAL PHYSICIAN   DIRECTOR    RESS	20b. IF YES IN CERTIF	COUNTY  Country  Country	STAT
MEDICAL	gove rise ta immediate couse (a), stating the underlying cause lost part 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION COURSED AT WORK AT WORK AT WORK  22a, I certify that (I) (this has any she deceased aliverable of the country of	DUE TO, OR AS A CO  (c)  INT CONDITIONS CONTRIBUT  196 CONDITION FOI  216. TIME OF INJURY HOUR A.M. MOT ALIAN MOT AL	DNSEQUENCE OF  ING TO DEATH BUT NOT RELATE  R WHICH OPERATION WAS PER  NTH DAY YEAR  19 216. HOW  ANY, OFFICE, FARM, ETC.)  217. OFFICE, FARM, ETC.)  DEGREE  226. ADDR	FORMED  200. AUTOPS YES   N  INJURY OCCURRED (ENTER NATUR  TION REET   O  ATTENDING   MEDICAL PHYSICIAN   DIRECTOR    RESS  TON MD.	20b. IF YES IN CERTIFY OR TOWN  STAFF PHYSICIAN   DON	COUNTY  Country  Country	STAI



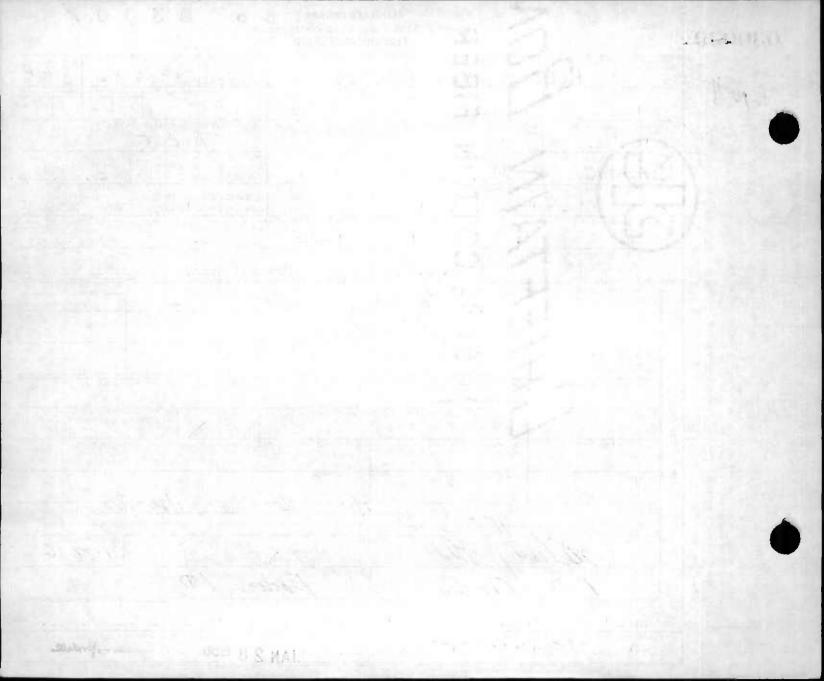
## STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 60M 7/B4 (VRA 15, 4)

1		CEASED NAME	EIRST		MIDDLE		LAST		20 DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
ı	[TYPE	OR PRINT)	ROBE	RT	Leonard	RUM	NEY		Jar	nuary	1-20	0-86	8 16PM
ı	3.5E)			RACE		5. DATE O			6 AGE (II	YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
ı	1	Male		Wh	ite	Jun	_	1912	73	3	YRS.	MONTHS DAYS	HOURS MIN.
4		RTHPLACE (MATEORE	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER	4400ED []	9 BALTIM	ORE CITY	OR COUNTY	OF DEATH	
7		salto. Md.		USA		WIDOW		VORCED		TAL	BOT	-	MD.
1	M C	TY OR TOWN OF DEA	TH. 11		HOSPITAL, NURSIN	IG HOME O		TITUTION		L OCCUPAT	TION OF WORKING LIE		F BUSINESS OR
1	1	EASTON		East	on Memori	al				eman	OF WORKING (II		Bd.of E
1	13a S	AL RESIDENCE (IF NURS STATE Id.	136 COUNTY	. 1	13c. CITY OR TOW	N	138 INSIDE C		13e STREET	ADDRESS	/ ZIP CODE	. I and	21660
7	_	THER'S NAME	Carol	LITTE	Ridgely	Y	YES   15 MOTHER	NO 🔏 S MAIDEN NA		· / HOI	singer	Lane	21000
	1	Robert	MIC	T.	Rumney		Albe	FIRST		$\mathbf{L}_{ullet}$		Readi	mond
7	He V	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDF	RESS	rieadi	illorra
1		Yes no or unknown)	(IF YES GIVE W	VAR OR DATES)	219.01.		Thomas	Matth	ews	(son)	Same	e as 13	
ı		18 CAUSE OF DEAT	H (Enter only	one cause pe	er line far (o), (b) and	diciop.		- 1. 1	1 1			BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
ı		PART I. DEATH W	IMMEDIATE		Car	dell	c W	rhaffe	amia	,			
١				DUE TO, C	OR AS A CONSEQUE	SEOF.	1.0	1.					
ı		Conditions, if any,		( ıb)_	NT	pero.	sceros	B	M				
ı		gove rise to immocause (a), stating underlying cause	ig the	DUE TO, C	OR AS A CONSEQUE	NCE OF							
١				(c)_									
ı	z	PART 2. OTHER SIGN	VIFICANT CQ	1/20	CONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEA	ASE OR COM	NDITION GIV	EN IN PART TO	3
1	ATIC	14s DATE OF OPERA	TION	/	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU	TOPSY?		S, WERE FINDIN	
1	CERTIFICATION		10 mg						YES 🗌	DON	IN CERTIF	YING CAUSES	OF DEATH?
i		21a. ACCIDENT WAS UND		110110 1	OF INJURY	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER	NATURE OF INJ	URY IN ITEM 18 P	PART 1 OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDI			P.M.	19							
1	MEDICAL	214 INJURY OCCUR	No.		OF INJURY	ARM ETC )	21f LOCATION			CITY OR T	OWN	COUNTY	STATE
1	-	AT HOME AT HO	in D				1,0	91			120	96	
١		22a.1 certify that (1)		attended t	he deceased fram_	95	1/10	_, 19 00	, ta		1/10	1900	that (I) (we) last
ı		saw the decease abave, (1) (we) (c		view the bod	y ofter death.			(aur) apinion	death occur	red on the o	date and hau	r and fram the	
		775 SIGNATURE	MXI	my	m)		DEGREE	ATTENDING	MEDICA	ı STA	AFF	22c. DATE	56.86
,		OOL DUNG IS HANGS N	acu	10	110			PHYSICIAN [		R PHYSI	CIAN	100	10.00
		22d PHYSICIAN'S N	1)	//	owley		22e. ADDRES	Eas.	ton,	M	7		
	23a B	BURIAL, CREMATION,	REMOVAL	73b. DATE	23c. 1	NAME OF C	EMETERY OR	CREMATORY		CATION		COUNTY	
	. '	Buria1	-4	Jan.	30, 1986	G1e	n Haver	Mem. 1	Pk. C	len B	urnie	AA Co	
		UNERAL DIRECTOR	ABL	1411	ADDRESS		14.2	25a. DAT	- 4			RAR'S SIGNAT	
-	S	singleton 1	uneral	Home	GlenesB	urnie	, Md.	JAN	28	986		vidoon-Na	ndess



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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	5	U	U	-

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	*
	WIDDLE	LASI	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	THY SMITH	ShORTALL	JAN.	19,1986 855AN
×	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
female	caucasian	3 7 12	7.3	YRS
INTERPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XXVIEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
electrical and a second a second and a second a second and a second an	USA		TALBOT	e MI
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OF
LASTON	MEMORIAL	105 PITAL EASTON	/1	
				hington St./216
		15 MOTHER'S MAIDEN NA	ME	LAST
			WIDDLE	Hilyard
WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECUR		ADDRESS	THE YORK
(IF YES, C	218-48-8	715 Louis F. S	nortall see	136
18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY	4000		5 MO
IVII.LED.		ICE OF		
Conditions, if any, which	( 1b)			
gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUEN	NCE OF		
underlying couse last.	(6)	(CE 0)		
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
90 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
			YES NOTE	YES NO
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMIN	DEATH	19		
	21e PLACE OF INJURY	211 LOCATION		COUNTY
21d INJURY OCCURRED		STREET		COUNTY SIAIE
21d INJURY OCCURRED  NOT WHILE  AT WORK	(AT HOME STREET, FACTORY, OFFICE, FAR	RM, ETC ] STREET	CITY OR TOWN	COUNTY STATE
NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FAR	1964 19	. to 19 5 A	N 19 86 , that (I) (we) last
NOT WHILE ALL WORK  22a.1 certify that (1) (this hos sow the deceased plive to	pital) attended the decepsed from	1964 19	19 JA	
NOT WHILE ALL WORK  22a.1 certify that (1) (this hos sow the deceased plive to	(AT HOME STREET, FACTORY, OFFICE, FAR	1964 19	19 JA	N 19 86 , that (I) (we) last
NOT WHILE AT WORK  22a. I certify that (I) (this has spw. the deceased plive above, (I) (wertdid) (did in the control of the c	pital) attended the decepsed from	196 19 6 and that in (my) (aur) opinian DEGREE	19 JA	nd haur and from the causes stated
P C C	FEMALE  ISTATE OR FOREIGN  ATYLAND  UAL RESIDENCE (IF NURSING HOME STATE  ATYLAND  UAL RESIDENCE (IF NURSING HOME STATE  ATYLAND  STATE  INST.  J. F117  WAS DECEASED EVER IN U.S. /  VES. NO OR UNKNOWN)  IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDIA  Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  90 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	FEMALE  Female  Caucasian  The Caucasian  The Convey and  Convey and  City Or Town of Death  CITY OR Town  CITY OR CONTRIBUTING OR TOWN  CITY OR CONTRIBUTING OR TOWN  CITY OF CO	FE CAUCASIAN  INTERPRETEDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATALE  MARRIED  IS MOTHER INDUITED IN COUNTRY  AT 12  MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  MIDOWED  DIVORCED  MIDOWED  MARRIED  MIDOWED  DIVORCED  MIDOWED  DIVORCED  MIDOWED  DIVORCED  MIDOWED  MIDOWED  DIVORCED  MIDOWED  MIDOWED  DIVORCED  MIDOWED  MIDOWED  DIVORCED  MIDOWED  MIDOWED  DIVORCED  MIDOWED  DIVORCED  MIDOWED  MIDOWED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVORCED  DIVORCED  MIDOWED  DIVORCED  DIVO	RECEASED NAME  FROST  OROTHY  SMITH  SMORTH  SMORTH  SMITH  SMORTH  SMORTH  SMITH  SMORTH  SMORTH  SMITH  SMORTH  DAY  TEAR  3 7 12 73  8 BALTIMORE CITY OR CO  GOVERNO  ACTIVITY  TO RIOW NO F DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  INFO HOME RESTITUTION OF GREET ADDRESS)  LOAD RESTORME FIRST  WEST  WIDOWED  DAY  BALTIMORE CITY OR CO  WIDOWED  TIZE USUAL OCCUPATION  IT SUBJECT OR TOWN  HOUSE WIF  THE STATE  THE S

DHMH - 16 60M 7/84 (VRA 15, 4)

Stephen P. Carney, M.D. 236. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)
Burial 1-22 1-22-86

24 FUNERAL DIRECTOR

Easton. MN. Spring Hill

23d LOCATION CITY OR TOWN

COUNTY

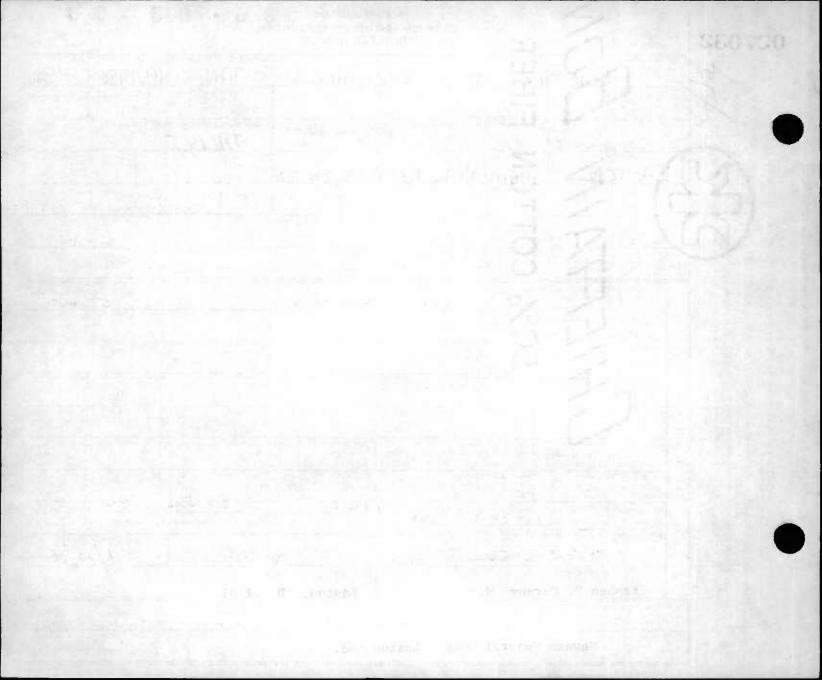
STATE

Md

Newnam Funeral HOme Easton, Md.

Easton Talbot

250 DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR			DEPART	MENT OF HE	ALTH AND M	ENTAL HYGI		0 3	0 0	9
I. DECEASED NAME	50HN	D.	DDLE	-		5	2a. DATE OF DEATH	MONTH /	H 86	25. HOUR 35 7 A M
MALE	4	CAO.		5 DATE OF	BIRTH	1923	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
7a BIRTHPLACE (STAT	E OR FOREIGN 7b	CITIZEN OF W	HAT COUNTRY?	MARRIED		ARRIED 🔲	9 BALTIMORE CIT	ALBO	OF DEATH	MD
EASTON		(IF NOT IN SUCH	FACHITY, GIVE STREET					STOF WORKING LI	FE) INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (#				'N 11		Sec. or	13 STREET ADDRE			2165
FIRST	WID	DOLE .	SIMM		W FI	RST		E	HORN	ser
160 WAS DECEASED E			21-			~			Prest	21655 ON MC
PART I. DEAT	H WAS CAUSED E	3Y:	ne for 101, (b), an	e M	yoca	vdtal	Infan	ction	BETWEEN	MATE INTERVAL ONSET AND DEATH
gove rise to	immediate tating the	(b)	Bro	ncho	Eonte	Ca	veinow	14	Yo	^
J. 5	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN									
F	ERATION	195 CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?  YES NO	IN CERTIF	YING CAUSES	
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M	MONTH DA	AY YEAR	21c HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF	injury in ITEM 1B I	PART I OR PART 2)	
	1 - STATE REGISTRAR  1 DECEASED NAME  TO BIRTHPLACE (STATE COUNIRY)  10 CITY OR TOWN OF EA STON  15 STATE  16 WAS DECEASED E (IF MAN)  16 WAS DECEASED E (YES NO OR UNKNOWN ON OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	- STATE REGISTRAR  1. DECEASED NAME FIRST  70. BIRTHPLACE (STATE OR FOREIGN 7b  COUNTRY)  10. CITY OR TOWN OF DEATH 11  EASTON  USUAL RESIDENCE (IF NURSING HOME OR OT 110 STATE 113b COUNTY  FATHER'S NAME FIRST  MILE  FATHER'S NAME  FIRST  MILE  COUNTRY  PART I. DEATH WAS CAUSED BY IMMEDIATE OF OPERATION  Canditions, if ony, which gove rise to immediate couse (o), storing the underlying cause lost  PART 2. OTHER SIGNIFICANT CO	- STATE REGISTRAR  1. DECEASED NAME  7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH COUNTRY)  11. NAME OF HIS IN SUNDENCY OF WARD OR OTHER INSTRUTIONS  13b. COUNTY  14 RACE  17b. CITIZEN OF WARD OF DEATH (IF NOT INSTRUTION OF DEATH INTERPRETATION OF MEAN OR OTHER INSTRUTION OF DEATH INTERPRETATION OF WARD OF WA	- STATE REGISTRAR  1. DECEASED NAME FIRST MIDDLE  70. BIRTHPLACE (STATE OR FOREIGN OF UNITY)  10. CITY OR TOWN OF DEATH THE NAME OF HOSPITAL, NURSING IF MOTHER INSTITUTION GIVE RESIDENCE BEFORE IN STATE TO THE INSTITUTION GIVE RESIDENCE BEFORE IN	FOR STATE REGISTRAR  I. DECEASED NAME FIRST MIDDLE LAS SIMPLE AND SIMPLE STATE COUNTRY  TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF WE REVIEW STREET ADDRESS)  WARRIED WIDOWED  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW REFORE ADMISSION)  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW REFORE ADMISSION)  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW REFORE ADMISSION)  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW REFORE ADMISSION)  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW REFORE ADMISSION)  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW STREET ADDRESS)  MARRIED WIDOWED  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW STREET ADDRESS)  MARRIED WIDOWED  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW STREET ADDRESS)  MARRIED WIDOWED  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW STREET ADDRESS)  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW STREET ADDRESS)  MARRIED WIDOWED  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW STREET ADDRESS)  MARRIED WIDOWED  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF REVIEW STREET ADDRESS)  III. NAME OF HOSPITAL, NURSING HOME OR OTHER DEVELOPMENT OF THE MARRIED OF THE MA	FOR STATE REGISTRAR  I. DECEASED NAME FIRST  A RACE  A RACHE OF BIRTH  A RACHE  A RAC	TO BIRTHPLACE (STATE OR FOREIGN OF CHIZEN OF WHAT COUNTRY? BARRIED NEVER MARRIED WIDOWEDS DOWNCED WIDOWEDS D	DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH  REGISTRAR  I. DECEASED NAME  FIRST  A BIRTHPLACE  (STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE  (STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE  (A)  STATE  (B)  STATE  (B)	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  L DECEASED NAME  FIRST  TO BIRTHPLACE STATE OF DEATH  REG. NO.  SIMMONS  1. SEX  A RACE  S. DATE OF DEATH  S. DATE OF DEATH  REG. NO.  SIMMONS  1. SEX  A RACE  S. DATE OF BIRTH  DAY  MARRIED  NEVER MARRIED  NEV	DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR  LOCKERSED NAME PROST  ANDLE  LOSS  ANDLE  LOSS

21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STATE CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE TENDING O FUNERAL DIRECTOR: A hould be detached for use with the State Dept. of Medi 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did (did not) view the bady ofter death. and that in (my) (our opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN MPORTANT, III 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23b. DATE Preston PEGISTRA 24 FUNERAL DIRECTOR (VRA 15, 4)

DHMH - 16 60M 7/B4

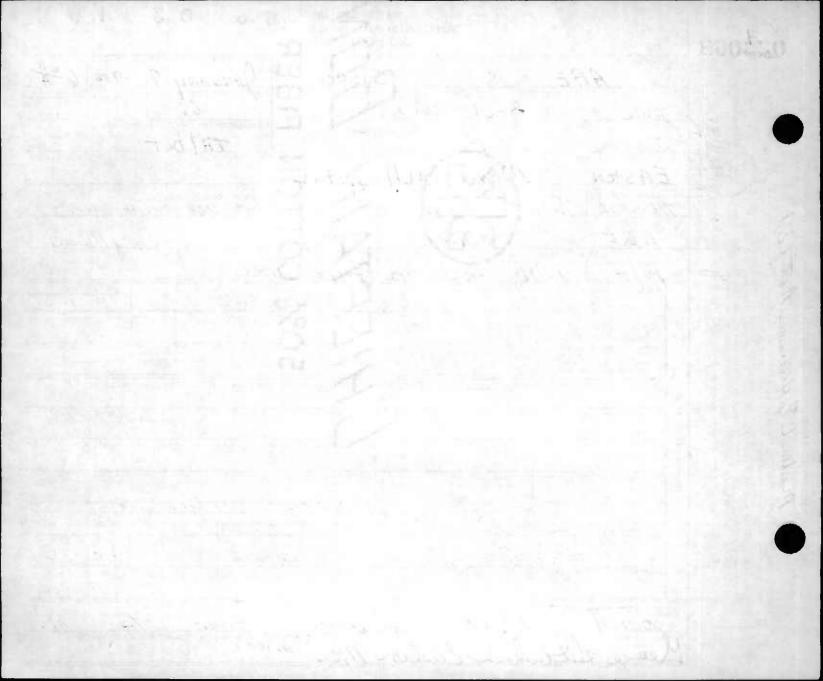
THE STO The second of th THE BENEFIT OF THE PARTY OF THE

## STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	SEX	EASED NAME ABE	PIDDLE		LAST		DEPARTMENT OF HEALTH AND MENTAL HYGIËNE  CERTIFICATE OF DEATH  REG. NO.							
1	-	14.1	.5		sisco	20 DATE OF DEATH	MONTH DA	1986	6 A M					
4		Mule	Black CITIZEN OF WHAT COUNTRY	MONT 67	DE BIRTH  DAY  OY  1920  DEVER MARRIED	6. AGE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.					
ğ	n CI	Marshand TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSI (IF Y) SUCH FACILITY, GIVE STREE	WIDOW	ED DIVORCED	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C			MD. F BUSINESS OR					
4	130.5	monglos 741	STITUTION GIVE RESIDENCE BEFORE  13c. CITY OR TOVE  Easter	WN	13d Un SIDE CITY LIMITS? YES NO	13. STREET ADDRESS	ZIP CODE (	th St	20/					
9	4. FA	ABE ME	Sisco		15. MOTHER'S MAIDEN NAM	WIDDLE	S	ma 110	wood					
		AS DECEASED EVER IN U.S. ARME		URITY NO.	7 Taye S	'XO	SS							
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gave rise to smooth the underlying course last	Y: / / /	V G	? CAN	CER		BETWEEN	AATE INTERVAL INSET AND DEATH					
9	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?					
-	MEDICAL CERTI	THE INJURY OCCURRED	21b, TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	19	216 HOW INJURY OCCURR	YES NO			NO _					
	W	22a 1 certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did not) vi	4 van 190	tc. /	nd that in (my) (our) opinion of		ate and haur	86	hat (I) ( <del>we)</del> last auses stated					
	- 4	DIRIAL CHEMATION HEM AT THE PROPERTY OF THE PR		NAME OF C	22e ADDRESS  EMETERY OR CREMATORY	23d LOCATION CHYOR TOWN ERECTO BY REGISTERAR	7	COUNTY PAR'S SIGNATION	, RE					

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR



DHMH - 16 60M 7/B4

(VRA 15, 4)

NEWNAM FUNERAL HOME

001	-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
19	DEC TYPE (	ASED NAME FIRST	MIDDLE M.	5mith	20. DATE OF DEATH MONTH	SG 26 HOUR
3	SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
11		EMALE	CAUCASIAN	MAY 29, 1900	85 YRS.	
70		THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
		NTANA Y OR TOWN OF ATH	U.S.	WIDOWED M DIVORCED [	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
8	2	astou	IN SUCH FACILITY, GIVE STREE	et adoress)	(TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	
13	3a. S1	1	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO LBOT OXFOR	WN 13d INSIDE CITY LIMITS	13e.STREET ADDRESS / ZIP COD MARKET ST. /	21654
10		HER'S NAME FIRST ENNETH MCL	MIDOLE LAST 4.	IS. MOTHER'S MAIDEN I		LAST
1 16	(Y1	AS DECEASED EVER IN U.S. AI s, NO OR UNKNOWN) [IF YES, GI	RMED FORCES? 166 SOCIAL SEC 549-04		ADDRESS  E S. DELAHAY	R.D.#2,Box1 TRAPPE, MD.
		PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b), c ED BY. TE CAUSE (a)	morarela	O Infaction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Spinions		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	VENCE OF HEAD	& Russie	yeun
	7	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	velined and	Russelewin	11
o tonto	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTINUING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a
9	CEKTIFICATION	90 DATE OF DPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART ?)
77	4		D AA	10		
7	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		21f LOCATION	CITY OR TOWN	COUNTY STATE
1010314		(IF EITHER NOTIFY MEDICAL EXAMINE RIG. INJURY OCCURRED  WHILE NOT WHILE AT WORK  120.1 certify that ( (this hosp	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	5 to Jan 3	19, that X (we) last
14 110 14		LIF EITHER NOTHER MEDICAL EXAMINE RIG. INJURY OCCURRED  WHILE  NOT WHILE  AT WORK  220-1 Certify that () (this hosp  saw the deceased olive or above, () (we) (did) (did)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM. ETC.) 21F LOCATION STREET  19 8  6 , and that in (14) (our) apini	CITY OR TOWN  to	19, that X (we) last or and from the causes stated
		(IF EITHER NOTIFY MEDICAL EXAMINE PId. INJURY OCCURRED  WHILE NOT WHILE AT WORK  NOT WHILE SAT WORK  170-1 certify that (this hosp  saw the deceased alive as above, (t (we) (did) (diameter)  272-5. SIGNATURE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE sital) awanded the deceased from any part view the bady after death.  Mannespt  Mannespt	PEGREE  211 LOCATION STREET  19 8  6 , and that in (1) (our) apini DEGREE  ATTENDING PHYSICIAN	5 to Jun 3 on death accurred an the date and has	19, that X (we) last
7		LIF EITHER NOTHER MEDICAL EXAMINE RIG. INJURY OCCURRED  WHILE  NOT WHILE  AT WORK  220-1 Certify that () (this hosp  saw the deceased olive or above, () (we) (did) (did)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE sital) awanded the deceased from any part view the bady after death.  Mannespt  Mannespt	PARM, ETC.) 21F LOCATION STREET  21F LOCATION STREE	on death accurred an the date and had	19, that X (we) last or and from the causes stated 22c. DATE SIGNED
and and an		CIFETHER NOTHER MEDICAL EXAMINE  CITY OF THE PROPERTY OF THE P	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE sital) and decreased from 21 winds the bady after death.  22 PARTIES PA	PEGREE  211 LOCATION STREET  19 8  6 , and that in (1) (our) apini DEGREE  ATTENDING PHYSICIAN	on death accurred an the date and have a medical DIRECTOR PHYSICIAN MARYLAND 2.1	19, that X (we) last or and from the causes stated

EASTON, MD.

STATE OF MARYLAND

The same was the same of the s 4-6-70-7 The same of the sa 38. 8. MAG

DHMH - 16 60M 7/84

(VRA 15, 4)

014102

FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 6 0 3 0 REG, NO.	121
LACY SMITH		86 745 A A
S. DATE OF BIRTH  MONTH DAY  3 16 09	76 YRS.	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
at country?   8.	9. BALTIMORE CITY OR COUNTY OF DEAT	TH MI
SPITAL, NURSING HOME OF OTHER INSTITUTION OF THE SPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY <b>rpenter</b>
RESIDENCE BEFORE ADMISSION) CITY OR TOWN  ASTON  RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS?  YES X NO	13e STREET ADDRESS / ZIP CODE 107 Tred Avon Ave	e./21601

-1	1 DEC	EASED NAME F	IRST	MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HQUR
1		OR PRINT)	ILLIAM	LACY		ITH		A DAIL OF BLAIN	1-	7-86	745 AM
1	3 SEX	(	4. RACE		5. DATE O			6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	-	MALE	CAUCA		3	16		76	YRS.		HOURS MIN.
1		RTHPLACE (STATE OR FORE	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER /	AARRIED D	9. BALTIMORE CITY O	COUNTY	OF DEATH	
1	. M	aryland	USA		WIDOWE	D DI	VORCED [	IAL	-100	1	MD.
1	10. CT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING FACILITY CIVE STATES	RSING HOME OR OTHER INSTITUTION			120 USUAL OCCUPATION OF OF WORK FOR MOST OF			OF BUSINESS OR
6	_ <	UTSTON	ME	MOKIH	_ H(	SYL	IAL	Building		Carp	enter_
	13a S	TATE 13	HOME OR OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE C		13e.STREET ADDRESS /	ZIP CODE		
Ø.			Talbot	Easton		YES X			Avon	Ave.	/21601
1		THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	.E MIDDLE		LAS	ST
4		illiam	Henry	Smith		Mar		Elizabeth		Cox	
/		VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMA			55		
				<u> </u>	4788	W.Don	ald Sm	ith, Sr.			
		18 CAUSE OF DEATH (	Enter only one couse pe	r line for (0), (b), one	dicul	0				BETWEEN	ONSET AND DEATH
			MEDIATE CAUSE (0)	Kespir	ato	ny to	illure	/			
			DUE TO, C	R AS A SONSEQUE	NCE OF						
		Conditions, if ony, w		rney	mo	na					
		gove rise to immed couse (a), stating	the DUE TO, C	R AS ACONSEQUE							
		underlying couse	lost. (c)	one	b bu	eum	onlae	,			
	z	PART 2. OTHER SIGNIF	ICANT CONDITIONS	ONTRIBUTING TO	SEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONT	)ITION GIV	VEN IN PART 1	0
	5	Whali	imphy	series	severe decreation			20a AUTOPSY? 20b. IF YES, WERE FI			10c uces
	MEDICAL CERTIFICATION	190 DATE OF OPERATIO	MION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			YES NOT	FYING CAUSES			
	E.	21a. ACCIDENT WAS UNDERL			AY YEAR	21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
	¥	OR CONTRIBUTING CAU	SE OF DEATH	.M. MONTH DA	19						~
	EDK	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ADM FTC V	21f LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
	Σ	WHILE NOT WHILE	[AT HOME, S	REET, FACTORY, OFFICE, F	ARM, ETC.)	31,426					
		22a. I certify that (I) (th	is hospitol) ottended t	ne deceosed from_			_, 19		,	19,	that (I) (we) lost
		sow the deceased obove (1) (we) (ad	olive on	ofter deoth	, оп	d that in (my)	(our) opinion de	eath occurred on the do	te and hou	ir and from the	couses stated
		714 SIGNATURE	L ./ 1	77		DEGREE	V	1		22c. DATE	SIGNED
		1	TUSEL	Skup	).		TTENDING A	MEDICAL STAF			
		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRES	S				
		Ann Webb	M.D.			East	on, Md.	21601			
		URIAL, CREMATION, RE.				EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	STATE
	Bu	rial	1-9-	86 0:	xford	Ceme		Oxford		lbot	Md.
ř		INERAL DIRECTOR		ADDRESS			250. DATE	REC'D. BY REGISTRAR		TRAR'S SIGNAT	URE
	N	ewnam Fun	eral Home	East	on, N	ld.	O'A	14 TO 1290	1	m start full and a 2	6

3 1 -1 WILLIAM L SMITH TOSTAT THE WOLL HOLD THE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH  REG. NO.							
I DECE	Zebulon	HOPKINS	Staffor	rd II	TE OF DEATH MON	-86	26. HOUR 3			
T	male	a. RACE caucasian	10 14	13 6. AGE	E (IN YEARS LAST BIRTHDAY	Y) IF UNDER I YEAR MONTHS DAYS YRS	IF UNDER 2 HR			
	yland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	timorecity <u>or</u> co Talbot	OUNTY OF DEATH	,			
No city	Easton					120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Lawyer Law				
13a ST	RESIDENCE I# HURLING HOW ATE I JIN CO		n 13d. INSIDE C	NOX War	reet address / zir ver1v Roa	P CODE				
111	ohn	P. Staffor		S MAIDEN NAME FIRST 1e	Leah	Hadda	away			
	S DECEASED EVER IN U.S.	GIVE WILE DE DATEST	-0068 Jane			O.Box 237 ston, Md	2160			
1	PART I DEATH WAS CAL	only one course per line for (a), (b), and SED BY.  Cay de	o pulmoner	y Arre	st	BETWEEN	MATE INTERVAL ONSET AND DEATH			
	Conditions, it any, which gave rise to immediate course to stating the underlying course last	DUE TO, OR AS A CONSEOU	noma of	the L	ung	3.4	mont			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
TIFICATION	A DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED 200 YES	_ IN	b. IF YES, WERE FINDIN CERTIFYING CAUSES YES				
	BE ACCIDENT WAS UNDESCRIBED  HE CONTRIBUTING   CAUSE OF  CHECKER NOTE: MEDICALEXAM	HOUR A.M. MONTH DA	AY YEAR	NJURY OCCURRED (EN	- 44		<u> </u>			

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/B4 (VRA 15, 4)

ould be detected for use the State Dept. of Hea

DRIAMT, II

23e BURIAL CREMATION REMOVAL

27% I certify that (1) (this hospital) attended the deceased from

RENCE D. BOHAN MI) Easton 23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

MEDICAL

COUNTY

22c. DATE SIGNED

STATE

cremation 74 FUNERAL DIRECTOR

(SPECIFIS

214 INJURY OCCURRED

AT WORL .

saw the deceased alive or

1-20-86

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS

21f LOCATION

ATTENDING

Salisbury Crematory Salisbury Wicomico 1

250 DATE REC'D. BY REGISTRAR 231, REGISTRAR'S SIGNATURE

1 Stop Md 21601

1 SAN 23 1986

CITY OR TOWN

, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

DIRECTOR PHYSICIAN

Newnam Funeral Home

Easton, Md. 21601

his Davidson Randall

STATE

It is not be not been supposed.

	STATE OF MARTLA
OR	DEPARTMENT OF HEALTH AND N
TATE	
FCISTRAR	CERTIFICATE OF D

2	HA	IE Ur m	AKIL	AND	0	š
EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CE	RTI	FICATE	OF	DEATH		

1 -	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.								
	CEASED NAME FIRST	UEL S	TANLEY		20. DATE OF DEATH M	- 14-86	26 HOUR 945 PM			
3. SE		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	MONIHS DAY				
/	Male	Negro	MONTH 1	2 YEAR 30	56	YRS	3 HOURS MIN.			
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	EVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH				
1	Maryland	U.S.A.	WIDOWED	DIVORCED	TALBO	T	MD.			
M), C	EASTAL	11. NAME OF HOSPITAL, NUF		RINSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTR	OF BUSINESS OR			
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION	11/46	Turck Dri	ver				
130. 5	STATE 136 COUR	VTY 13t. CITY OR T	OWN 134 INS	IDE CITY LIMITS?	130 STREET ADDRESS /		27/72			
-	ryland Dorc	hester Cambr		NO THER'S MAIDEN NA		ers Ave	21613			
17.17	FIRST	MIDDLE LAST	13.740	FIRST	WIDDIE		LAST			
14- 5	Samuel Ric	hard Stanle		Slanche ORMANT	Alverta		ers			
	YES, NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)			1.2		21613			
_	Yes 1194	9-52 215-2	6-4085 GB	arldine	Stanley 5					
	18. CAUSE OF DEATH   Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a),	_ //	a A.		BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH			
		TE CAUSE (o)	leng in	iso l'aci	ices .	4	jears			
		DUE TO, OR AS A CONSE	QUENCE OF	- 01.	(A)	3	01.01			
	Conditions, if ony, which gove rise to immediate	(b)	191360	3 M	Wyurs,	//	o y			
	couse (a), stating the underlying couse last									
		( (c)								
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	ATED TO THE TERM	MAL DISEASE OR CONDI	ITION GIVEN IN PART	110			
CERTIFICATION	apelval.	Nascular	overteo.	10000	4	an if were harries to be	This course			
ICA	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS F	ERFORMED		206. IF YES, WERE FINE IN CERTIFYING CAUS				
RTIF					YES NO	YES 🗌	NO 🗌			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	1			
CAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19							
MEDICAL	214 INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		CATION STREET	CITY OR TOW	n COUNTY	STATE			
-	AT WORK NOT WHILE AT WORK				4 74					
		ital) attended the deceased fro	19	. 19	, to		, that (I) (we) lost			
		of) view the body after death.	and that ir	(my) (our) opinion	death occurred on the date	e and hour and Irom t	he couses stated			
	22k SIGNATURE	2001	1 %	ATTENDING	MEDICAL STAFF		TE SIGNED			
	~ 01	PAMA	1 MI	PHYSICIAN [	DIRECTOR PHYSICIA					
/	274 PHYSICIAN'S NAME THE	WIND VIOLEN	MARIA	DRESS	1					
	1. Laws	RELICE D. BOI	YAU JULY		to be a second					
23a. 6	BURIAL, CREMATION, REMOVAL		3c NAME OF CEMETER	OR CREMATORY	23d LOCATION	COUNTY	STATE			
-	Burial	1/18/86	Lane UM C	emetary	Taylors :	Isl. Dor.	MD.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, and

MPORTANT, if item 21 is morked or Item, 18

JAN 22 1988 guarlanden formaties

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR
- STATE
REGISTRAR

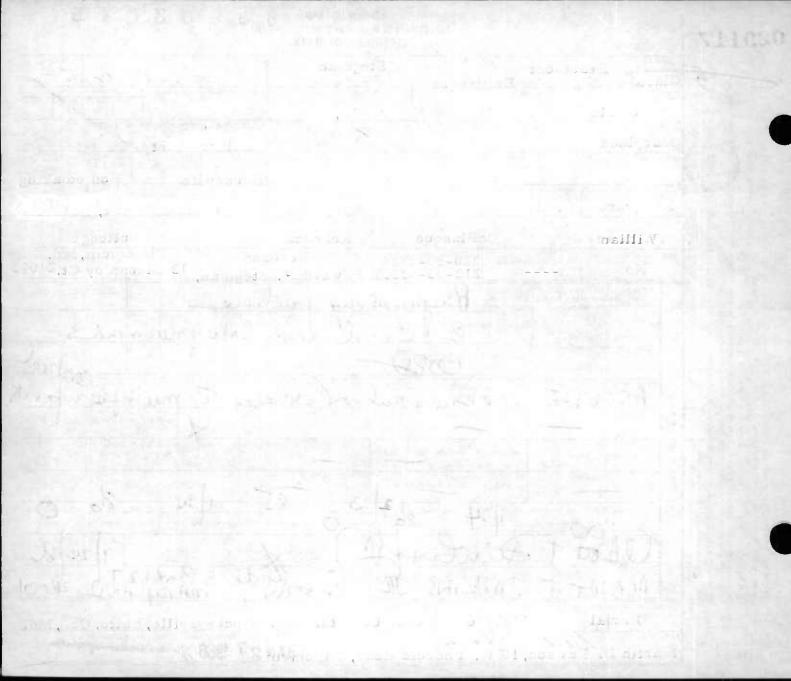
## DEPART

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STATE OF MARYLAND	8 6	0	3 0	
MENT OF HEALTH AND MENTAL	HYGIENE	44		
CEDTIEIC ATE OF DEATH				

								REG. NO	)			
	-	1. DE	CEASED NAME Beaum	MIDDLE	S	tegma	n		MONTH	DAY YEAR	26 HOU	R
0.00	5	Cı	arabeau mor	DePlanque	Ste	9ma	n		1 - 2	4-86	12 -	PM
00 194		3. SE		4 RACE	5. DATE	BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER	24 HRS
1000		10	Female	White	Nov.	- /	1908_	77	YRS.	MOIVING DATS	HOURS	Milly.
0 0	AL	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	V2 R	4	MARRIED -	9 BALTIMORE CITY O		Y OF DEATH		
mero MRZ2	10	M	laryland	USA .	WIDOW		NORCED [	Talbot Co	วแทรง	7		MD.
1	0	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME	OR OTHER IN	NOITUTION	120 USUAL OCCUPATION	ON 1	126. KIND O	F BUSINE	SSOR
30	20	E	aston	William Hil		or		Housewife	WORKING	Hom	ema	king
13	401	USU	AL RESIDENCE (IF NURSING HOME STATE 131 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)		CITY LIMITS?	13g.STREET_ADDRESS /	71P COD		C.IIIC	King
filling	20	N	Maryland Ba	ltimore Timor		YES []	NO St	13 Glenan			#210	0.3
1 5 V	1 11	)4. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER	S MAIDEN NA	AE	uoy s	791114		,,,
angle	1/200	1	William	DePlanqu	DePlanque Rebecca			WIDDIE		Eutledg	ge	
04	10	169.4	WAS DECEASED EVER IN U.S.		CURITY NO		ANT Husba	and ADDRE	ss Tir	nonium	, Md	
9 8	12	1	YES NOOR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 220-50 212-03	-0044 -83351			Stegman, 1	3 G1	enamoy	Ct.2	1093
0.10	5		CAUSE OF DEATH (Enter	only one cause per line (o) (a), (b),				stegman,			MATE INTER	
phy i	HO.		PART I. DEATH WAS CAU	SED BY:	Dina	Burn	Lais	we_			ZI SCI AIRE	22.5311
200	Pic .		IMMED	- 1			15					
Henc ve co	om, o		Canditions, if ony, which	DUE TO, OR AS A GONSE	T. T.	1 (1)	(Tures	apo p	nuu	mna	S	
emo	r tro		gove rise to immediate	(0)			101100					0
by the	othe	١.	underlying cause last	DUE TO, OR AS A CONSES	TO NOT DE			· ·			1-10	Tool .
per	urio /, or		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	O DEATH BUT	MOT RELATE	D TO THE TERM	INAL DISEASE OR CONI	DITION GI	VEN IN PART I	<del>)()</del>	
Then	njur,										mo	NVG
bee!	Any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		S, WERE FINDIN		7
hos	ene s	₽.E		_				YES TI NOT		IFYING CAUSES	NO [	Н» 1
cote	8 sh	E. E.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	- WE 18	21c HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TB	PART I OR PART 2)		
ol-tr	em ]	¥	OR CONTRIBUTING CAUSE OF I	ALAIII.	DAY YEAR	-	_					
buri	or it	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCAT		CITY OR TO	VN	COUNTY		TATE
er the	ked	Z	WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	-	1		-	d	3.	
Se o	mo mo			spital) attended the deceased from	12	5	19_3	10 12		19 80	that (I) (v	ve) ast
TOR	of H 21 is		staw the desense blive	on	860	d that in my	(our) apinian o	leath occurred an he do	te ond ha	ur and from the	causes sto	ited
IREC	tem tem		7年510年4月1日	ndi view ine body differ de la	17	DEGREE		7		22c. DATE	SIGNED	11
AL D	I: If		Willett !	tuntr	A A	- 1	PHYSICIAN V	MEDICAL STAF		1 1 7	415	3
VER.	ANT:	1	224 PHYSICIAN'S NAME (TYP	E OR PRINT)	4	22e ADDRE		ot 213	141	27	1	
TO FUNERAL	with the Stat		ALBUT 1	DANKINS	JIL	51	2 STAVA	my smil	011	(ALD)	211	001
D 48	3 3	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE 2:	C NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	in	<u> </u>		
			Burial	1/27/86	n. 0	11-00	all Cam	Cockeysv	ille	Balto C	51	L M
14		_	UNERAL DIRECTOR WILL	TARI	Dulane	y vace	250. DATE	REC'D. BY REGISTRAR	256 REGIS	JRAR'S SIGNAT	URE	TATOL
- 16 6 RA 15	50M 7/B4 5, 4)	M	artin D. Laws	son, 10 W. Pado	nia Ro	ad. Ti	monilAN	27 1986 9	echia D	TRAR'S SIGNAT	Morenne	,
	-	1		-,		a 1.	TT CATE MITE	//				

DHMH - 16 60M 7/B4 (VRA 15, 4)



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1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR	CERTIF	ICATE OF DEATH	REG. N	0.	
	ECEASED NAME ALF	E Th	2000	2s DATE OF DEATH	1- 14-91	17.41P
3.5	HITred	RACE S. DATE C	TE RIPTH	4 AGE TINTERESTAST BIR	HOLAN FUNDER FILER	If UNITED 24 HATE.
	Malo	Block 02		85	2 ves	HOURS I MAK
1.	BIRTHPLACE TET-TI CHICAGO 78.	CITIZEN OF WHAT EQUINTRY?		9 BALTIMORE CITY O	E COUNTY OF DEATH	200
10	CITY OR JOWN OF DEATH	NAME OF HOSPITAL NURSING HOME O	- Pi	12st USUAL OCCUPATION		BUSINESS OR
6	Easton In	lemorial Hospita	at Eastor	TITE OF WORK FOR HOST O	WORKING LIFE) INDUSTRY	
	STATE SKAN SUES	Band Corusonille	THE INSIDE CITY LIMITS? YES NO TO	13. STREET ADDRESS	OX W2	638
约	ATHER SNAME U	OU (A1)	15 MOTHER'S MAIDEN NA	ме	LASS	
1	H/ber+	Thomas	Unkner	ADDRE	94	
100	WAS DECEASED EVER IN U.S. ARME		BOHY G	recn	.33	
F	III. CADSE OF DEATH Enter only	one couse per line for (a), (b), and (c).	6		APPROXIM BETWEEN O	ATE BUTERVAL NUSET AND DEATH
١.	PART I. DEATH WAS CAUSED &	0 1	man taylu	vie		
1		DUE TO, OR AS A CONSEQUENCE OF		7.3.5		
	Conditions, if any, which	20002				
	gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF				
1	underlying couse fast	Renal Failure	Co-Pulm	ora 6		
,	PART 2. OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DEATH BUT	1	Action to the second	DITION GIVEN IN PART I IO	
CERTIFICATION	19s DATE OF OPERATION	THE CONDITION FOR WHICH OPERATIO	N WAS DEDECTORSED	28s AUTOPSY?	70s. IF YES, WERE FINDING	OS HEED
12	THE DATE OF OPERATION	THE CONDITION FOR WHICH OF EASIE	IN WAS PERFORMED	YES [] NO[]	IN CERTIFYING CAUSES (	
1 2	21a. ACCIDENT WAS UNDERLYING [7]	31h TIME OF INJURY	The HOW INJURY OCCUR	Total Control	- bud	MO L
100	OR CONTRIBUTING CALLE OF DEATH.	HOUR A.M. MONTH DAY YEAR				
MEDICAL	(RETHER NOTES MEDICALEXAMINER) 23d. RNJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	ZII LOCATION			
Æ	WHITE IT NOT WHATE IT	TAT HOME STREET PACTORY OFFICE PARM, ETC.)	STREET	Cit+ 04 to	whi county	MATE
	IT I certify that III (this hospital)	attended the decrased from	19	10	191	ter (ii (we) fort
	saw the deceased alive on	19 01	ad that in (my) (our) opinion			
1	27h SICKATURE		DEGREE		22L DATE S	KGNED
1	Xay V Dr	Pum andil	ATTENDING PHYSICIAN S	MEDICAL STAI	DIAND 1/1	
1	THE PHYSICIAN'S NAME THE OF	(rel)	II & ADDRESS			4186
	A STATE OF THE PARTY OF THE PAR					4186
	GARYJ.	Sprovse, m.D.	PO BIX 2/0	Queenstos	un MD 216.	4186
234	GARY J		PI BIX 2/0	234 LOCATION	in MO 216.	41P6 58
	GARYJ.		Son Cometer	Grasondi	MD 2/6	The second

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, If hem 21 is

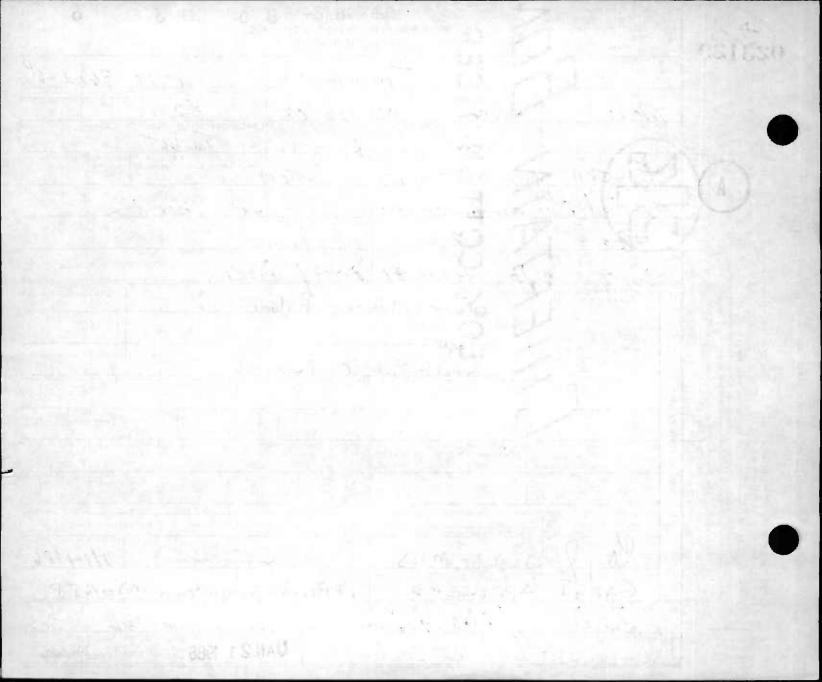
prior to burial, cremotion, or remayal

TO FUNCEAL DIRECTOR. After this certificate has been upped by the attentional be detached for use as the family fromit permit. Then please remove with the Stote Dept. of Health and Mental Hygiene prior to burish, cremation

ATTENDING PHYSICIAN: The low

etained by the hospital or

TO HOSPITAL



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iene prior to burial,

should be detached for use as the burial-transi with the State Dept. of Health and Mental Hygi

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is marked or

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REG. NO

21/86

1. DECEASED NAME FIRST M	arilee.	Holden	TH	THOMPSON OMOSON	20 DATE OF DEATH MO	- 20	- 86	10:10
3. SEX	4 RACE		ATE OF B		6 AGE (IN YEARS LAST BIRTHO		UNDER 1 YEAR	IF UNDER 24 HR
/ Female	W		ebrua	ry 9, 1923_	62	YRS.	NTHS DAYS	HOURS MR
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF		ARRIED X	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	OUNTYO	FDEATH	,
Easton		HOSPITAL, NURSING HO HEACILITY, GIVESTREET ADDRESS		at Easton	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W. Wife		12b. KIND O INDUSTRY HO	F BUSINESS (
130 STATE 196 COU		GIVE RESIDENCE BEFOR DMIS 134. CITY OR TOWN Centreville	1 13d	INSIDE CITY LIMITS?	13. STREET ADDRESS / Z R.D. 1, Box		Recov G, 2	ery. 1617
FATHER'S NAME FIRST  Kennard	MIDDLE Eli	Holden	15.	MOTHER'S MAIDEN NAM	Holliday		Usi.	lton
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY N 216-18-892		obert H. The	oand ADDRESS ompson, Centr			x 249G . 2161
18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUSI IMMEDIA		AFPIRAT	100	PNEUM	a'i wo			A PAC
Conditions, if any, which	DUE TO, OI	C ROLERRA		VARauen	. ACCIDE	w _	3	ZAMS
couse (a), stating the underlying couse last.	( Ic)	r as a conse <b>o</b> uence						
PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM		ION GIVEN	IN PART No	,

INTESTINA OBSANCTON 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? COLON IN CERTIFYING CAUSES OF DEATH? 1-14-86 NO [ HICKMAN GOTTOSENI INSERTION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE HOME STREET, FACTORY OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (1856 haspiral) attended the deceased from. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

sow the deceased alive on deceased of the dece 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING

PHYSICIAN X

MEDICAL

DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

James H. Barton, Jr., Centreville, Md. 21617

Stephen P Carney Easton Maryland 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

STATE Burial Chesterfield Cemetery Centreville 24 FUNERAL DIRECTOR Barton Funeral Home

(VRA 15, 4)

DHMH - 16 60M 7/84

71.15 Significant of the state of the this felligety of the last trade to being the control of the control

	0	hou
V	R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Por hospital or ottending physicion.	RECTOR: After this certificate has been signed by the attending the sicion and completely filled in by the funeral dir ned for use as the buriol-transit permit. Then please an oversement in pers. Pages 1 and 2 should be filed within 72 hav
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	24	fille
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DELICION OF THE COUNTY AND THE COUNTY, MANUAL TO THE COUNTY OF THE COUNT	# 0a	13
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	R ATTENDING PHYSICIAN: The linespital or offending physicion.	Po to
	A A	SE (

		CEASED NAME OR PRINT)	mes	K cam o		AST	REG. N 2a. DATE OF DEATH	MONTH OAY	YEAR 2b	HOUR 30
	3. SEX	Male	4. R/	White	5. DATE O	OAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.		UNDER 24 HRS.
32	Fe	RTHPLACE (STATE ORFI OUNTRY) deralsburg	, Md	ITIZEN OF WHAT COUNTR	MARRIE		9 BALTIMORE CITY C		DEATH	MD
18	3	COSTOY		NAME OF HOSPITAL, NUR.  (IM) IN SUCH FACILITY, GIVE STR	ADDRESS)	OSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer	OF WORKING LIFE)	nb. KIND OF BUNDUSTRY Farming	
35	130. S Ma	TATE  TYLANG  THER'S NAME	136 COUNTY Caroli	ne Federa	NWN	13d. INSIDE CITY LIMITS? YES NO X1.	Rt, 2. Bo		2/	63
57	)	J®hn T,				Bell Kemp	WIOOFE		LAST	
2		(AS DECEASED EVER ES NO OR UNKNOWN) NO	N U.S. ARMED (IF YES GIVE WAR			J. Kemp Todd	, Jr., 514		ralsbur Ave., N	
)		PART I. DEATH W.	AS CAUSED BY IMMEDIATE CA which		stu	Avernea Nyelocyte	E Louher	nia	APPROXIMATE BETWEEN ONSE	TAND DEATH
	NO	underlying cause	d the last.	DUE TO, OR AS A CONSEC (c) DITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	N PART 1(a	
7	CERTIFICATION	190 DATE OF OPERAT	ion YU	196 CONDITION FOR WHICE		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	CAUSES OF	USED DEATH?
9	ICAL CEI	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I (	OR PART 2)	
	MEDI	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	IWN (	OUNTY	STATE
		saw the decease	d alive on	attended the deceased from	30	d that in (my) (our) opinion	death occurred on the d			(1) (we) last es stated
		22b. SIGNATURE	m/	fwood (	2	ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE SIGI	186
16: 11 Tem Z		U -				22e ADDRESS			1	
MPORTANI: II Item Z		22d. PHYSICIAN'S NA	ME (TYPE OR PRIN	+ Wood		EA	STON P	1d		

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LEGURO 1- 5.36 330 Comes Many Tond Talber Loston Mamoual Hospital THE REPORT OF THE PARTY OF THE

# DIVISION OF VITAL

- STATE REGISTRAR

death

## STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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016143 REG. NO. LAST DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI RICHARD COLLIVER 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 28 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 13a. STAJ 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST 9 160 WAS DECEASED EVER 166 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOR 206 AF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) STREET CITY OF TOWN WHILE NOT WHILE 27s.1 certify that s hospitall attended the deceased from, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated did and not why the body after death 77k SIGNAT DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

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MPORTANT:

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Mentol Hygiene

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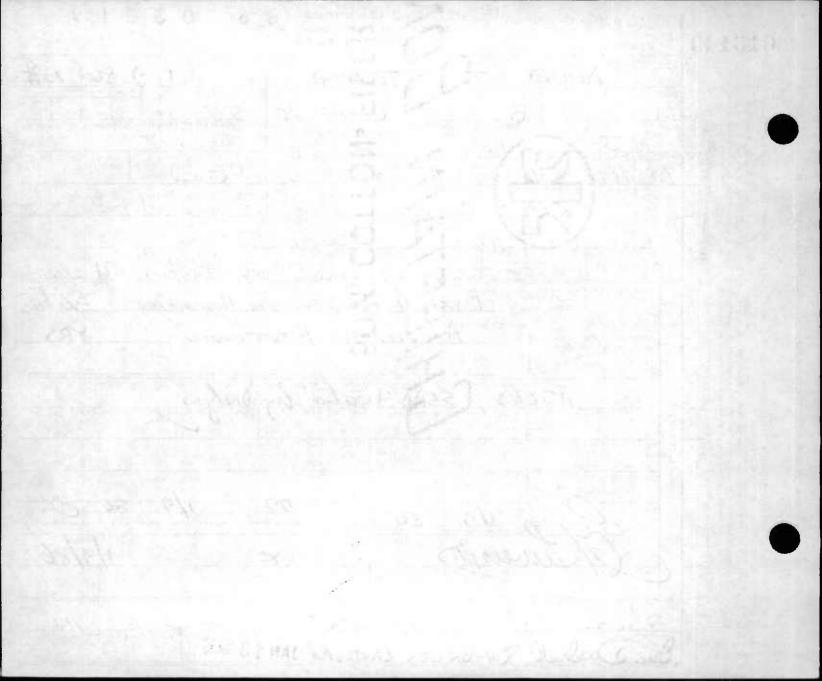
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23e. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

FUNERAL DIRECTOR

250. DATE REC'D. BY RECISTRAR 250 REGISTRAR'S SIGNATURE



00	1 -	FOR STATE REGISTRAR		DEPAKIN		ALTH AND MENTAL HY CATE OF DEATH	PIENE	REG. NO.		· Jus	
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911	7a. BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIM	ORE CITY OR CO		DEATH	
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3	13a S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	or other institution	13t. CITY OR TOW Denton	N 13	34 INSIDECITY LIMITS?		ADDRESS / ZIE		216	529
X Z	14. FA	Ther's NAME FIRST Thomas	MIDDLE R.	Benson		5 MOTHER'S MAIDEN NA FIRST  Edna.		WIDDLE		Evans	
	16a V			166 SOCIAL SECU		7 INFORMANT		ADDRESS			
L	N	VAS DECEASED EVER IN U.S. (IF YES.	ONE WAR ON DATES)	2211699	40	David Towe	ers,	Denton	, Md	21629	)
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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		O FG. NO	3	0	2	
LAST	20. DATE OF DE		ONTH	DAY	YEAR	-

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2	17	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? /E WAR OR DATES)	21412	\$6674	Mrs.			Denton.	, MD	
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		Stephen P. (		M.D.			ton, Md				
	(	SURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  UNIERAL DIRECTOR  NAME (SPECIF)	1/22	1		n Ceme	tery	23d. LOCATION CITY OR TO Dent	on Car	oline	MD

Weller William Fall Co. C. J. S. - P. islo Caucasian July 16, 1921 64 = Moryland U. S. A. . bnafyreld sailosek op at epivael Ideryland Caroline Denten x 217 South Becond St. 21629 Charles B. Turner reaces 214126674 Ars. Ines Turner, Denton, AF THE THE PARTY OF T Buriol 1/22/16 Dencon Cometery Lenton Caroline to TANK NO PER MALL AND THE WALL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HY	SIENE PEG. NO.	, , ,
			RACE	S. DATE C	The state of the s	6. AGE (HIVEARS LAST BETHBAY)	7 TAN 25. HOUR 7 - 86 5 A M FUNDER 1 SAN HOUS 1 MHS
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E		Easton	memo	YUA HODRESSIH	OR OTHER INSTITUTION	Machine Operator	
1	13n. S	ALRESIDENCE IN HURING HOME ON OF THE STATE IN COUNT CAPOL	L Die CEV	eston	YES NO DE CITY LIMITS?	Rt. 1, Box 205P	21653
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2		VAS DECEASED EVER IN U.S. ARMI	cod the modern	10-5949	IZ. INFORMANT,	w, Rt. 1, Box 205	21655 P, Preston, Md
		Conditions, if any, which gave rise to immediate cause in stating the underlying cause last.	DUE TO, SPLAS A CO	salved	tie Heart	Osiase Besser	years.
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1	2	226.1 certify that III this haspital size the deceased alive an object of the property of the	attended the decease	d from Jan	DEGREE ATTENDING	death occurred on the date and hour of	ond from the couser stated
		(HCPI)	DE DATE  Jan. 30.19		EMETERY OR CREMATORY	Lewes, Sussex.	Celaware Man

HUNERAL DIRECTOR

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has by

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should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept: af Health and Mental Hygiene priar to burial, cremation, or remaval.

DHMH - 16 60M 7/84 (VRA 15, 4)

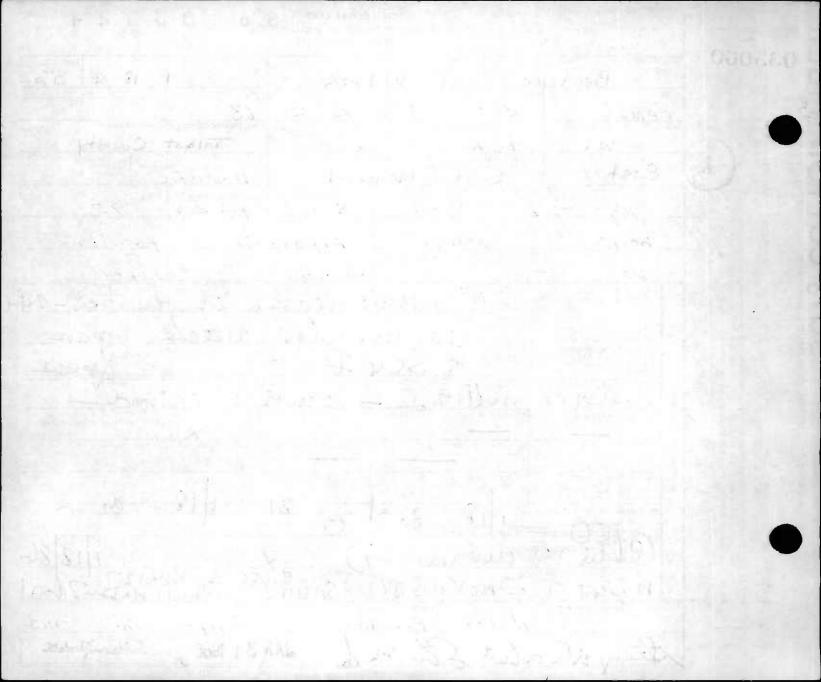
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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AND THE COUNTRY   136. CITIZEN OF WHAT COUNTRY?   AND THE INSTITUTION   136. CITY OR TOWN OF DEATH   136. COUNTRY   136. CITY OR TOWN OF DEATH   136. COUNTRY   136. CITY OR TOWN   136.	
3. SEX  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  2. 22 32  9. BALTIMORE CITY OR COUNTY OF DEATH  COUNTRY)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  131. CITY OR TOWN  132. CITY OR TOWN  133. COUNTY  134. MONTHS  DAY  135. COUNTY  136. STREET ADDRESS  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST  AUPA TO HIS  AUPA TO HIS  ADDRESS  ADDRESS  16 AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR  IF UNDER 1 YEAR  IF UNDER 1 YEAR  IF UNDER 24 HAS  I	-
3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY YEAR 2 22 32  78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  79. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  79. CITIZEN OF WHAT COUNTRY?  8 MARRIED   NEVER MARRIED   STATE OR FOREIGN COUNTRY OF DEATH WIDOWED   DIVORCED    110. CITY OR TOWN OF DEATH  111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 121. CITY OR TOWN 120. CITY O	٨
70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  70. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  121. MINDUSTRY  122. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  123. STREET ADDRESS / ZIP CODE  124. FATHER'S NAME  125. MOTHER'S MAIDEN NAME  126. STREET ADDRESS / ZIP CODE  126. STREET ADDRESS / ZIP CODE  127. MOTHER'S MAIDEN NAME  128. STREET ADDRESS / ZIP CODE  128. STREET ADDRESS / ZIP CODE  129. CITY OR TOWN  120. USUAL OCCUPATION  121. MINDUSTRY  120. USUAL OCCUPATION  120. USUAL OCCUPATION  121. MINDUSTRY  120. USUAL OCCUPATION  121. MINDUSTRY  120. USUAL OCCUPATION  121. MINDUSTRY  120. USUAL OCCUPATION  120. USUAL OCCUPATI	
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WIDOWED DIVORCED LAST  II. CITY OR TOWN OF DEATH  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)  I3d. CITY OR TOWN  I3d. INSIDE CITY LIMITS? YES NO 13d. STREET ADDRESS / ZIP CODE YES NO 15d. MOTHER'S MAIDEN NAME FIRST ADDRESS  MIDDLE  LAST  LAST  AUPAronia  ADDRESS  ADDRESS  I6b. SOCIAL BECURITY NO. 17 INFORMANT  ADDRESS  ADDRESS	
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE  131. CITY OR TOWN 131. CITY OR TOWN 132. CITY OR TOWN 133. COUNTY 134. CITY OR TOWN 135. COUNTY 136. STREET ADDRESS / ZIP CODE 137. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. FIRST  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (145. NOOR UNKNOWN) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (145. NOOR UNKNOWN) 16. WAS OPEN ON OR UNKNOWN) 17. INFORMANT 18. ODDRESS  18. ODDRESS  18. STREET ADDRESS / ZIP CODE 18.	)
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN YES NO DECEMBER ADDRESS / ZIP CODE P.O. BOY 692	
136. COUNTY   136. COUNTY   136. CITY OR TOWN   13d INSIDE CITY LIMITS?   13e. STREET ADDRESS / ZIP CODE   14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. MODILE   16.	7
14 FATHER'S NAME FIRST  MODLE  LAST  15 MOTHER'S MAIDEN NAME FIRST  MIDDLE  LAST  AUPArania  ADDRESS  ADDRESS  ADDRESS  ADDRESS	1
FIRST MIDDLE LAST FIRST MIDDLE HOZELTON AUPHYONIS MIDDLE HOZELTON  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES)	_
HOCKIS XOLENG AUPhronia Hozelfon (16 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL BECURITY NO. 17 INFORMANT ADDRESS  ADDRESS  ADDRESS	
[YES, NO OR UNKNOWN] [IF YES, GIVE WAR OR DATES]	-1
no Gevano Cemper	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN DEATH AND THE TERMINAL DISEASE OR CONDITION GIVEN GIVEN GIVEN GIVEN GI	Pri.
A 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED	-
YES NOT IN CERTIFYING CAUSES OF DEATH?  YES NO	
190 DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO     YES   NO   YES   YES   NO   YES   NO   YES   YES   NO   YES   YES   NO   YES   Y	
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	_
ZIE FLACE OF INJUNT  ZIE FLACE OF INJUNT  ZIE DECATION  CIT OR TOWN  COUNTY STATE  AT WORK  A	
220.1 certify that (1) (this hospital) attended the accessed from 19 19 1, to 19 19 19 19 19 19 19 19 19 19 19 19 19	-
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   188	2
122d PHYSICIAN'S NAME (ITYPE OR PRINT)  AUSSION T. Drug KINSTO SASTON MYSICIAN 2000 7260	1
230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	
24 FUNDAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25) REGIST	st.



## filled in by the funeral director, page 3 ould be filed within 72 hours ofter death should be detoched for use os the buriol-tronsit permit. Then with the State Dept. of Health and Mental Hygiene prior to b TO FUNERAL DIRECTOR: After this certificate has b

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

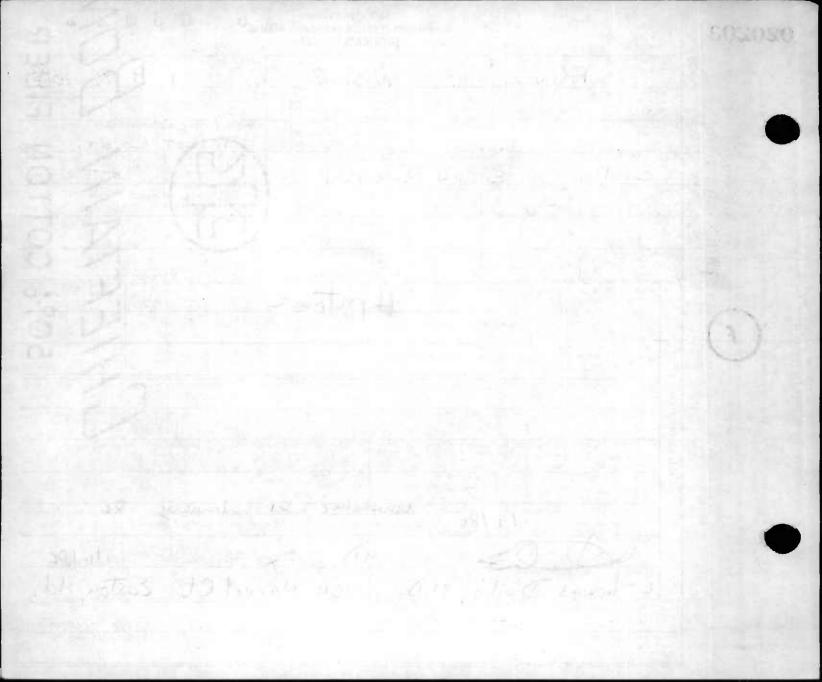
FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH

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REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
I. DECEASED NAME FIRST		LAS1	20. DATE OF DEATH		EAR 2b. HOUR
	INCE H.	Wishow			56 10 f
3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BI		DAYS HOURS M
MALE	CAUCASIAN	OCT. 11, 1915		YRS.	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED T NEVER MARRIED	9 BALTIMORE CITY		TH
TENN.	U.S.	WIDOWED DIVORCED	Talb		1+1
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	N.A.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDU	
USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFO	Memorial	I MEAT CU	TTER FO	DOD STOR
13a STATE 13b. C	OUNTY 13c. CITY OR TO	WN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		
MARYLAND TA	LBOT   EASTON	YES NOX	R.D.#6,B0	0X1 / 216	501
FIRST	MIDDLE	FIRST	WIDDIE		LAST
LEONARD V	ITSHON  ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	FLETCHE		
(YES NOOR UNKNOWN) LEYES				.200	. 12
1E3   15	30 8 370-10	5-5595 HELEN W	ISHON	see item	
18 CAUSE OF DEATH (Ent	er only one couse per line for (o), (b),	ond (c')		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEA
	DIATE CAUSE (o)	TROCLOMA	۷		
	(c)	<u>O DEATH</u> BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COM	NDITION GIVEN IN PA	ART Ito
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	
210. ACCIDENT WAS UNDERLYIN		21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ		
OR CONTRIBUTION CAUSE C		DAY YEAR			
(IF EITHER, NOTIFY MEDICAL EXA	21e PLACE OF INJURY	211 LOCATION	CITY OR I	OWN COUN	NIY STATE
WHILE NOT WHILE C	(AT HOME, STREET, FACTORY, OFFIC	E FARM ETC ) STREET	CITY OR I	2414	STATE
22a I certify that (I) (this I sow the deceased aliv above, (I) (we) (did) (d	e on 19 deceased from 1	, and that in (my) (our) opinio	n deoth occurred on the c	dote and hour and fro	
22b. SIGNATURE	0		MEDICAL STA	FF	10126
L. Thomas	Divilio M.	D. HOU M	arvel Ct	East	on Md
230 BURIAL, CREMATION, REMO	VAL 236. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BURIAL	1-11-1986	WOODLAWN MEMORIA	L EASTON	TALBOT	MARYI.A
24 FUNERAL DIRECTOR	ADDRESS	25a. Da	ATE REC'D. BY REGISTRAL	256. REGISTRAR'S SA	GNATURE
			THE TO PRODU	1	

DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)

008186 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE

13	-2	57	2	6
0	3	14	64	9

, 1	DEC	EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR 2	b HOUR
01	_	Barbar		7	ellers		1	1 86	655 N
1	SEX		RACE	S. DATE	DE BIRTH	6. AGE (IN YEARS LAST BI			HOURS MIN.
1		Female	caucasian	ITRY? 8		72	YRS.	OFDEATH	
5		aryland	USA	MARRIE	D NEVER MARRIED D	TOIL	-t-0	1-1460	WE
1		-	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Housew	OF WORKING LIF	126. KIND OF	BUSINESS OR
2.1	3a S	L RESIDENCE (IF NURSING HOME OR TATE	TY 130 CITY OR	BEFORE ADMISSION	13d INSIDE CITY LIMITS?	Rt.1 Box			
-		aryland   Caro	line   Pres	ston	YES NO X		1492		
4	1		Schu!	Ĺtz	Mary	WIDDLE		Willi <b>xunkn</b>	
21	6a. W	AS DECEASED EVER IN U.S. ARA	WAR OR DAVEGO	SECURITY NO.	17. INFORMANT			ox 149A	
1	1	VO	216-0	)/-/648	William D	.Zellers l	rest		
	1,	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane cause per line far (a), (	and ici	0			4 .	SET AND DEATH
1			CAUSE (a)	treas	Tune	h-		10	YRS
- 1			DUE TO, OR AS A CONS	SEQUENCE OF					
- 1	-1	Canditians, if any, which	1						
- 1	$\sim$	gave rise to immediate	10)	1.5-					
- 1	couse (a), stating the DUETO ORAS A CONSPONENCE OF								
- 1		underlying cause last.	(c)						
- 1	5	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1 a	
	ATION								
71:	4	90 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING	
4	Ĕ					YES TO NO X	IN CERTIF	YING CAUSES O	F DEATH?
-11	ik H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUP				
/13	-	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR					
1	ŭ l	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	FEICE FARM FTC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
T.	-	NOT WHILE AT WORK			/		1.	c -	
1		22a I certify that (I) (this haspit	al) attended the deceased f	rom.	12 19 8	J 10	//	19 3 the	at (I) (we) lost
Н	sow the deceased glive on 19 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated								
1	abave, (I) (we) (did) (did nat) view the body after death.								
		22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF							
	ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN								
		22d. PHYSICIAN'S NAME (TYPE OR POYT) 22e ADDRESS							
		Stephen P.	Carney, M.D.		Dutchman's	Lane, Eas	ton,	Md.	
2		URIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
1	1	Burial	1-4-86	Cedar F	Hill Cemetery	Brooklyn	Park	Balto.	Md
7	_	NERAL DIRECTOR		30001 1				RAR'S SIGNATUR	
1		NIAME	ome Eastôn	RESS T. 1	230.00	THE REC D. DI REGISTRAN	10 0	CAN SAGNATOR	1. 1. pag
-	N	ewnam Funeral H	ome Easton	. Ma.	11	IN DISOU	CHURCH &	ALL COOK - NO	TO LET

